

Name  
in  
Full

Nellie M. Barnard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Sept	Day 29	Years 3	Months —	Days	
Sex	Female	Color or Race	White	Birth-place Brentwood, Md.			
Married, Single or Widowed	Child	Occupation					
Name of Wife or Husband							
Father's Name	M. Barnard			Father's Birthplace	Washington DC.		
Mother's Maiden Name	Grace M. Haldiday			Mother's Birthplace	" "		
Name of person giving information	M. Barnard			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

(9)

✓  
6 days

Immediate

Paralysis of Heart

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

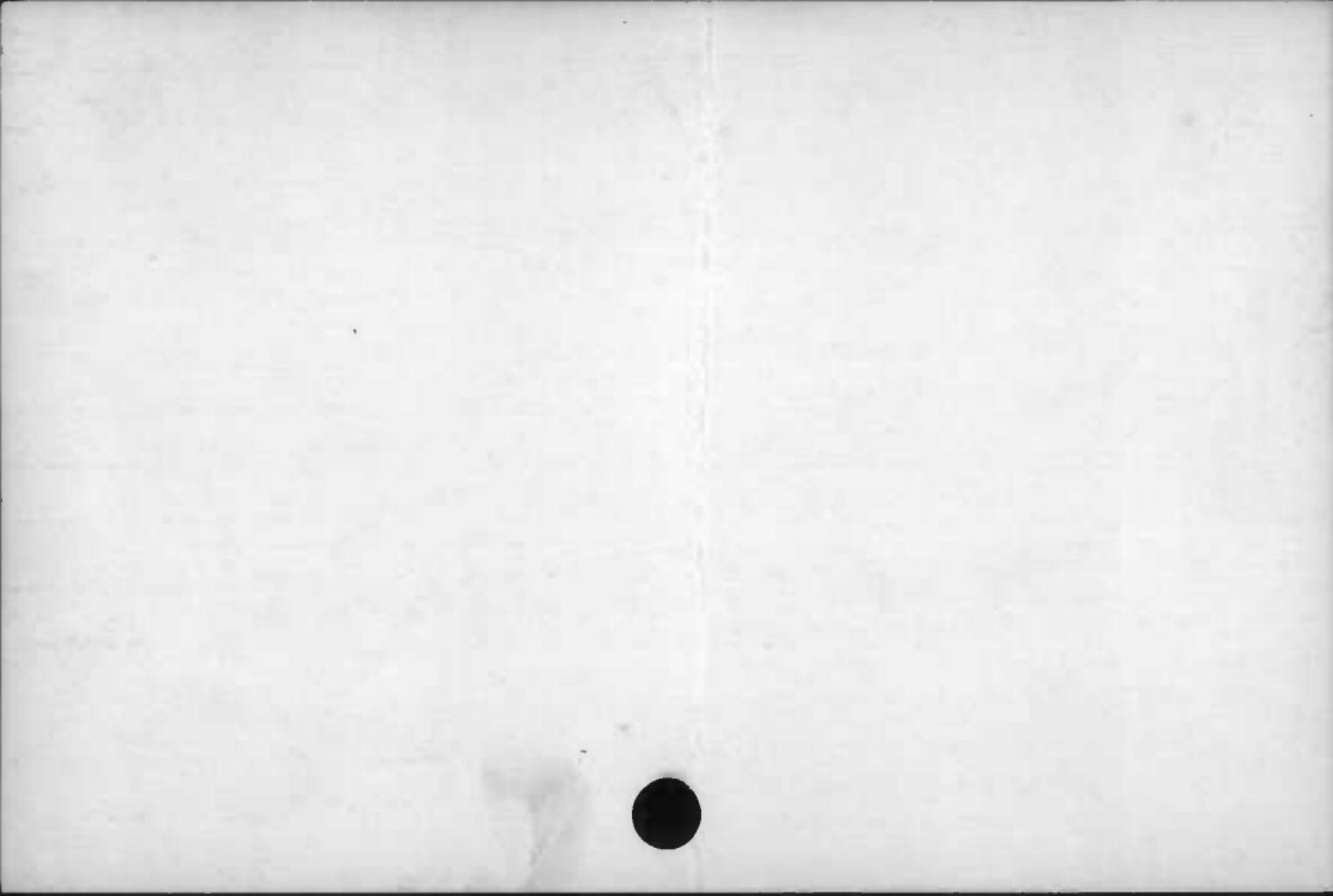
Yes

Signature of Physician

Address

J. C. Ohlendorf, M.D.  
Brentwood, Md.

Accident or Suicide?



Name  
in  
Full

No name Barnes

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death 190	Month	Years	Months Days
Sex	Age	Birth-place	
Occupation	Color or Race		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Isaac Barnes	Father's Birthplace	md.
Mother's Maiden Name	Mary Stewart	Mother's Birthplace	md.
Name of person giving information	Isaac Barnes	How related to deceased	father

CAUSES OF DEATH

105

Primary  
Summer Complaint

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

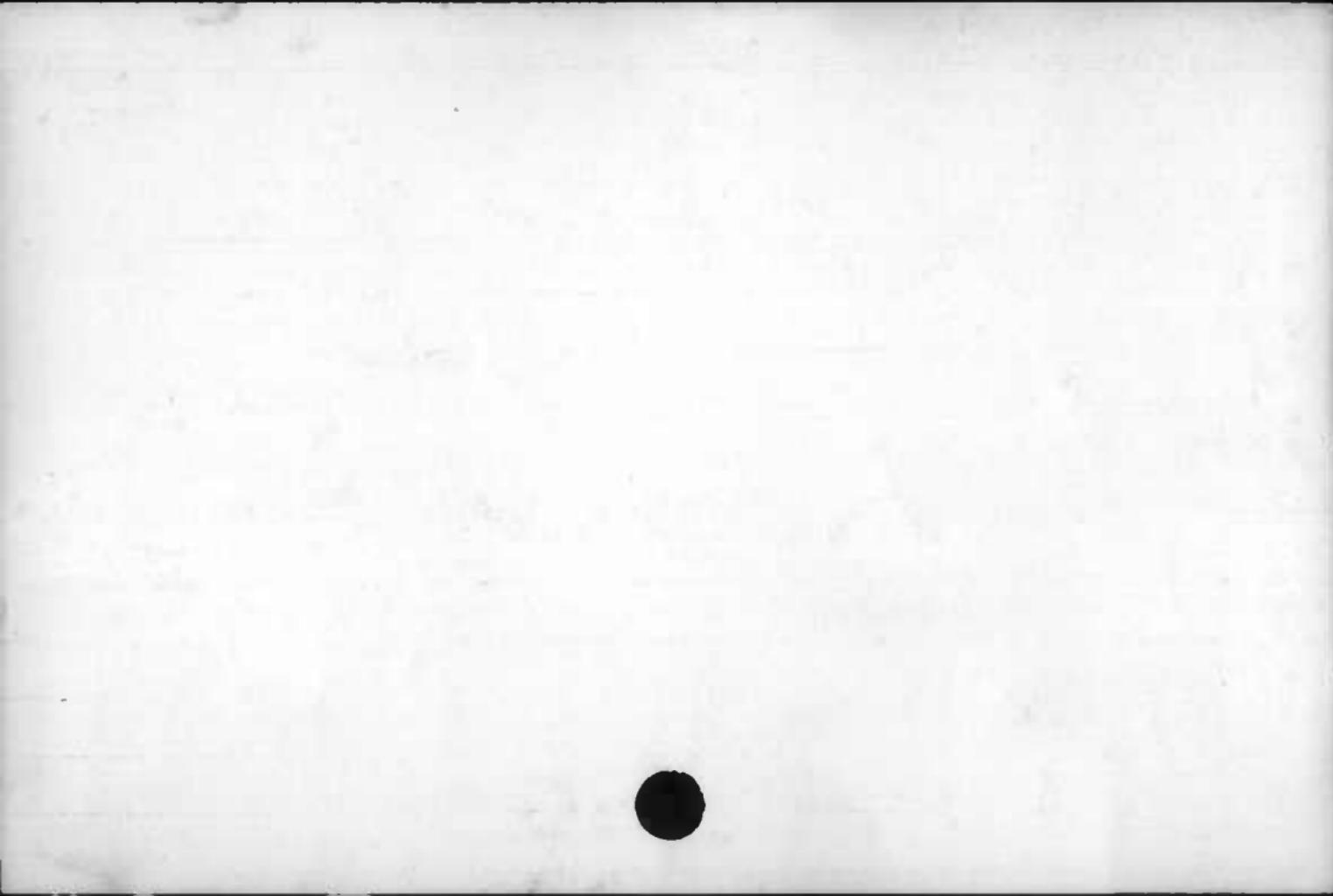
Signature of Physician

Address

Ernest H. Garner  
Act. Coroner

Accident or Suicide?

Hornbakeys, Md.



## Amelia E. J. Bean

## CERTIFICATE OF DEATH

Died at	Town	Prince George		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	Sept	30	52	?	-		
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Housewife					Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Truman Bean	Father's Birthplace	Md.		
Father's Name	George W. Brady						
Mother's Maiden Name	Sarah Phelps					Mother's Birthplace	Md.
Name of person giving information	Husband					How related to deceased	

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long Three years.

Immediate Heart failure &amp; Toxemia

How long Two weeks

Is the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

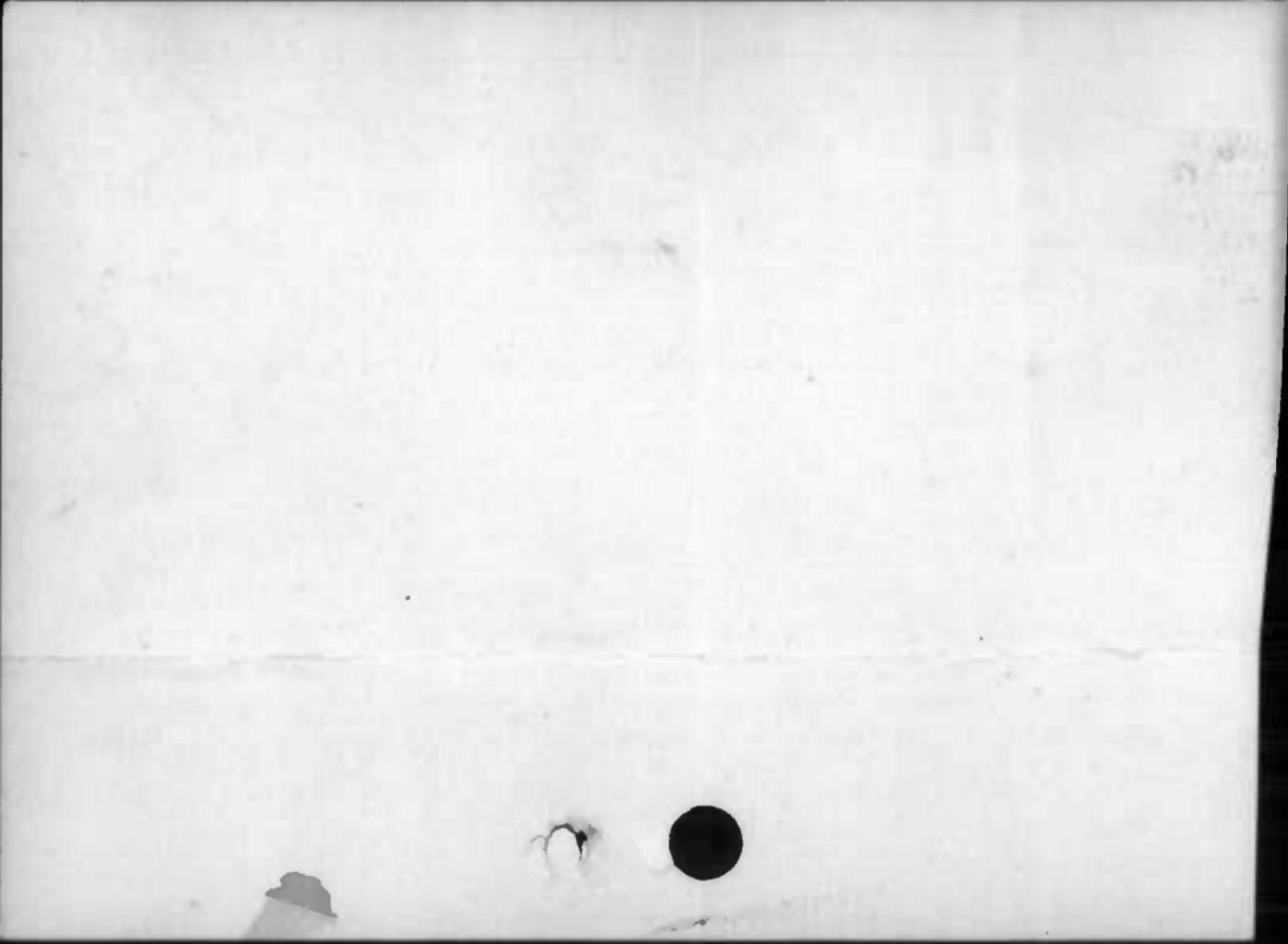
Address

R. A. Schoonover M.D.

Baltimore

D.C.

Accident or Suicide?



Name  
in  
Full

Margaret Ann Marbury, Beans,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County	
Brandywine	Pr. Brw.		
Date of death	Month	Day	Years
1909	Sept	15	Age 67
Sex	Color or Race	Birth-place	Montha Days
female	white	MD	
Occupation	Where Residing if not at place of death		
None			
Married, Single or Widowed	Name of Wife or Husband	John Alexander Bean	
Widow	John Alexander Bean	Father's Birthplace	MD
Father's Name	Jos. G. Hutton	Mother's Birthplace	MD
Mother's Maiden Name	Harmonia Early	How related to deceased	Son
Name of person giving Information	J.A. Bean		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cancer of Stomach

40

How long

2 months

Immediate

Exhaustion

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

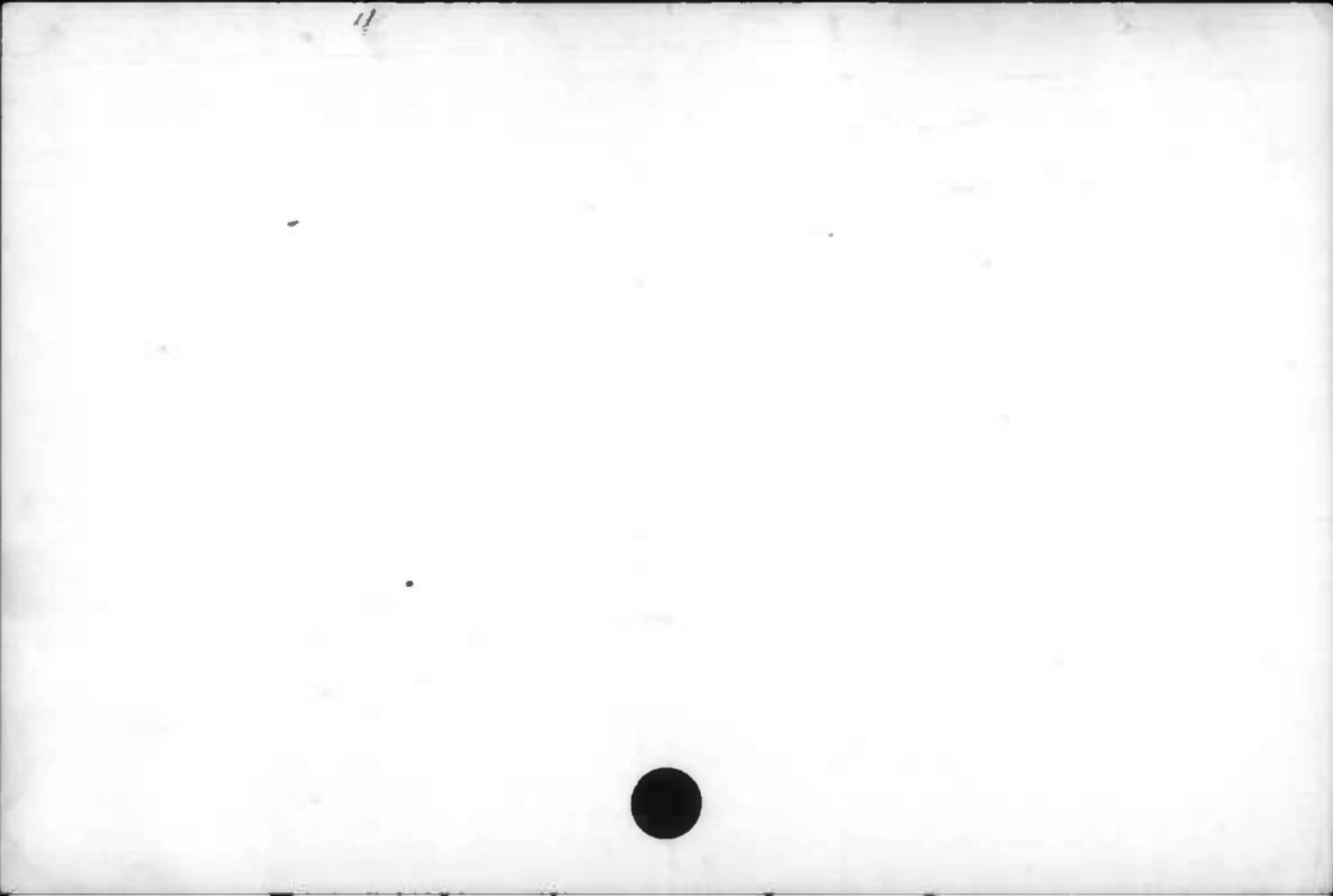
Signature of Physician

Address

John A. Cox

J.B. MD

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Charles. Briggs.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rosenville			
Father's Name	Elizabeth Briggs			C. A. Co.	
Mother's Maiden Name	John Snowden.			Place	
Name of person giving information	Son-in-Law			How related to deceased	

CAUSES OF DEATH

64 ✓

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

How long

Suddenly

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

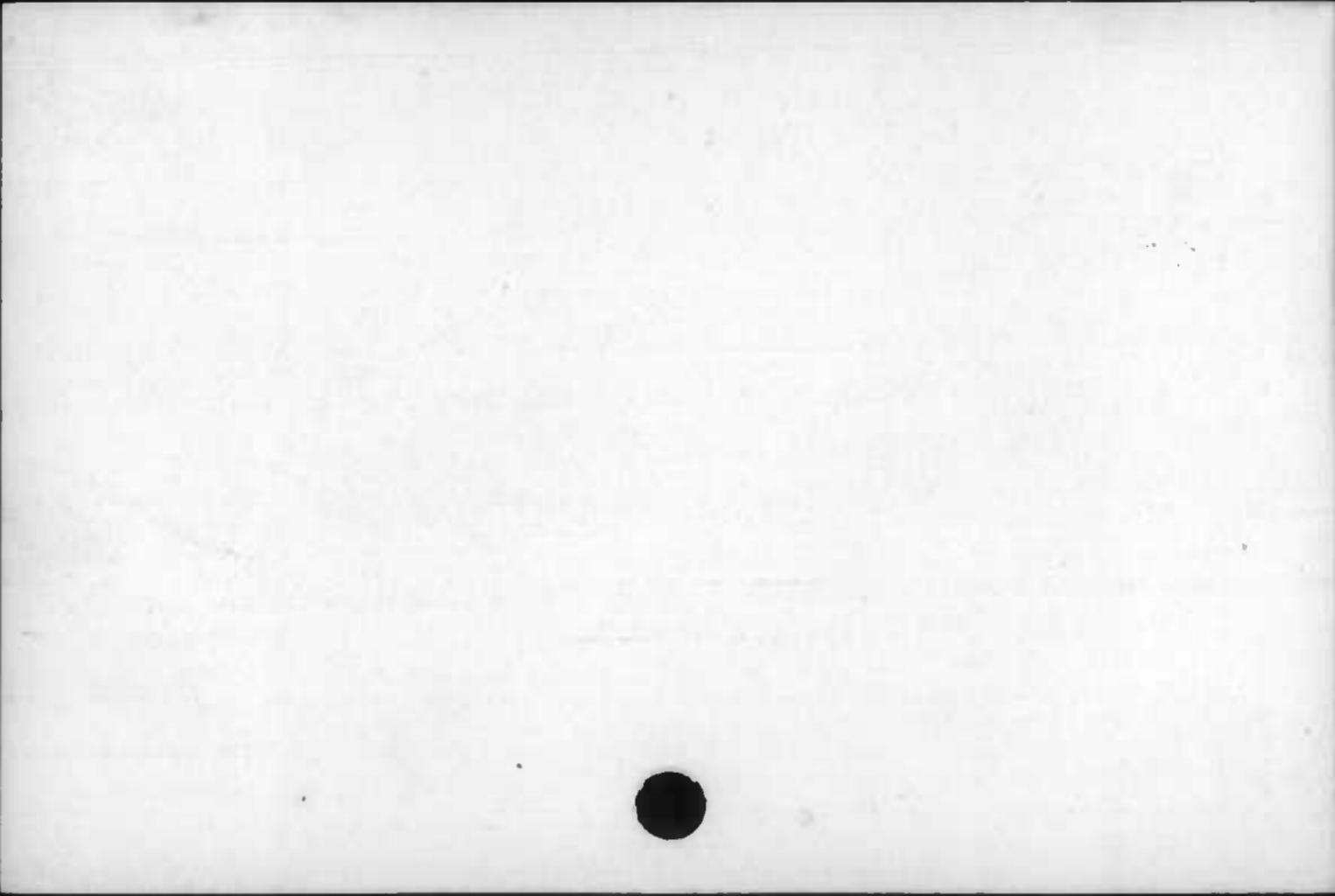
yes

Signature of Physician

Address

W. F. Taylor M.D.  
Laurel Md

Accident or Suicide?



Name  
in  
Full

Marion Briggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Co.	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Sept.	19	Age 28	8	
Sex	Female	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name or Husband	William Briggs		
Father's Name	William Brewer				
Mother's Maiden Name	Maggie Matthews				
Name of person giving information	Resin Lancaster				
Father's Birthplace	Md				
Mother's Birthplace	Md				
How related to deceased	Friend				

## CAUSES OF DEATH

Primary	Typhoid Fever	
Immediate	Intestinal perforation	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician

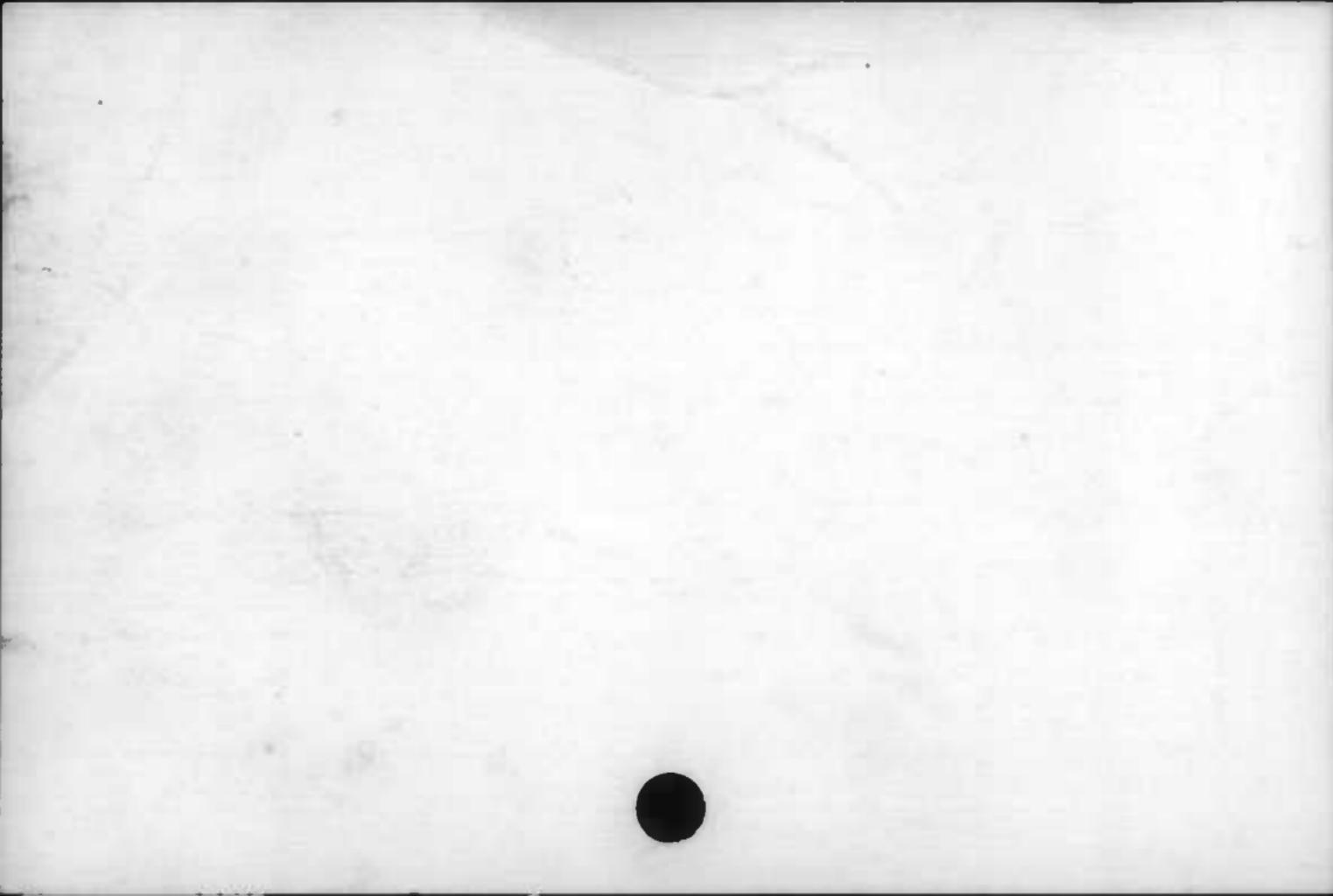
PHYSICIAN  
OR CORONER

Accident or Suicide? *c*

Signature of Physician

Address

(1) ✓  
eng  
3 weeks.  
How long  
2 days.  
J R Kent  
Laurel, Md



Name  
in  
Full

Cecilia Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town  
Diad at Rosaryville

County  
Pr Geo

MARYLAND

Date Month Day Years Months Days  
of death 1909 Sept 5 1 6

Sex Female Color or  
Race

Age 1 Birth-  
place Md

Occupation

Colored

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single Name of Wife or  
Husband none

Father's  
Birthplace

Father's  
Name John A Brown

Md

Mother's  
Maiden Name

Nora Hager

Mother's  
Birthplace

Name of person giving  
Information

Emanuel Hoyer

How related  
to deceased

Male

CAUSES OF DEATH

105

How long

Primary

Illness

4 weeks

Immediate

Asthma

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

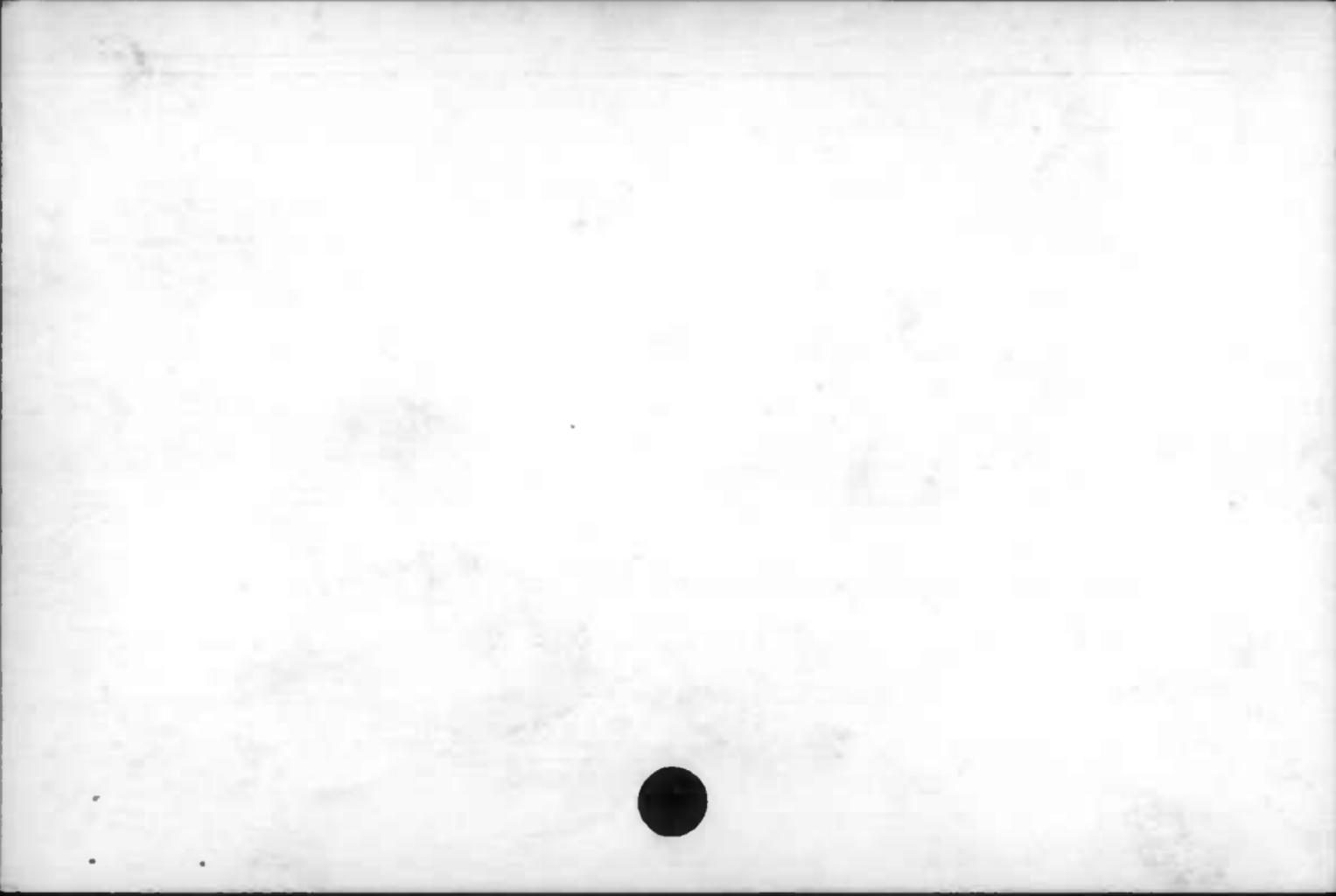
Signature of  
Physician

Address

W. Gibbons  
Croom Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ebbye Camphar

CERTIFICATE OF DEATH

Died at

Town

Baltimore

County

MARYLAND

Date  
of death

Month

1909

Sept

Day

9

Years

55

Montha

Days

Age

Sex

Female

Color or  
Race

Black

Birth-  
place

A. A. Co. Ind.

Occupation

Housewife

Where Reiding if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Ebbye Camphar

Father's  
Birthplace

A. A. Co. Ind.

Father's  
Name

Wm. Myers

Mother's  
Birthplace

A. A. Co. Ind.

Mother's  
Maiden Name

Mabeltha Myers

How related  
to deceased

Son

Name of person giving  
Information

Ebbye Camphar

CAUSES OF DEATH

Primary

Cerebral Apoplexy

64

How long

Immediate

Obstruction

How long

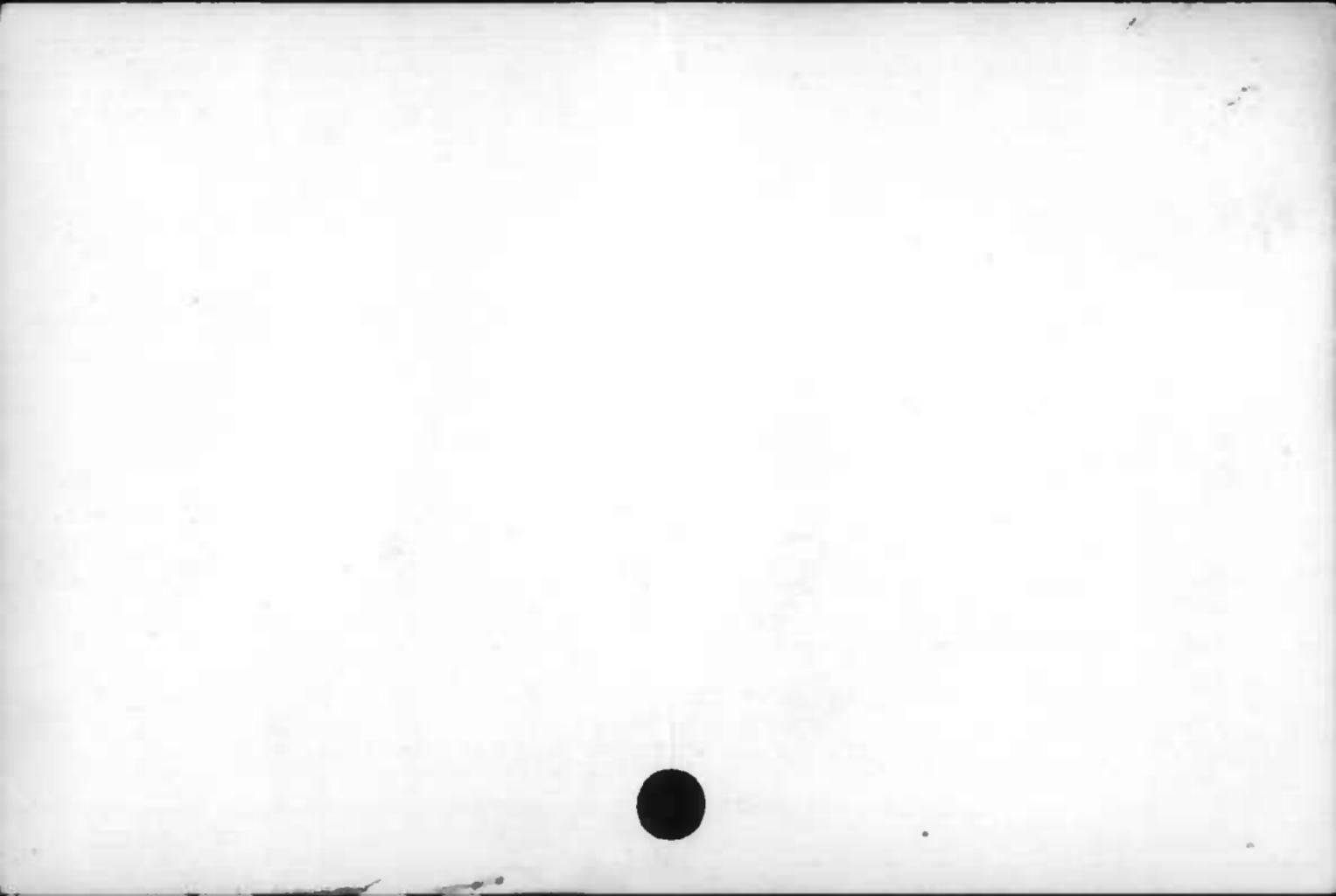
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John Durrall Jr.  
Springfield  
Ind

Accident or Suicide



Name  
in  
Full

Allyn L Carrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	P. O.		County	MARYLAND	
Date of death	1909	Month Sept	Dey 22	Years 2	Months 4	Days -	
Sex	Male	Color or Race	White		Birth-place	In Tuttellville Ind.	
Occupation	None	Where Residing if not at place of death			-		
Married, Single or Widowed	Single	Name of Wife or Husband	-				
Father's Name	Walter B Carrick			Father's Birthplace	Ad. Co. Ind.		
Mother's Maiden Name	Blanche C Cole			Mother's Birthplace	P.S.C. Ind.		
Name of person giving Information	Walter B Carrick			How related to deceased	Son		

Heavy wagon passed over

CAUSES OF DEATH

166

How long

✓

Primary lower part of both lungs, crushing same.

Causes & scars of the lungs

PHYSICIAN  
OR CORONER

Immediate

Hospital

How long

four hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

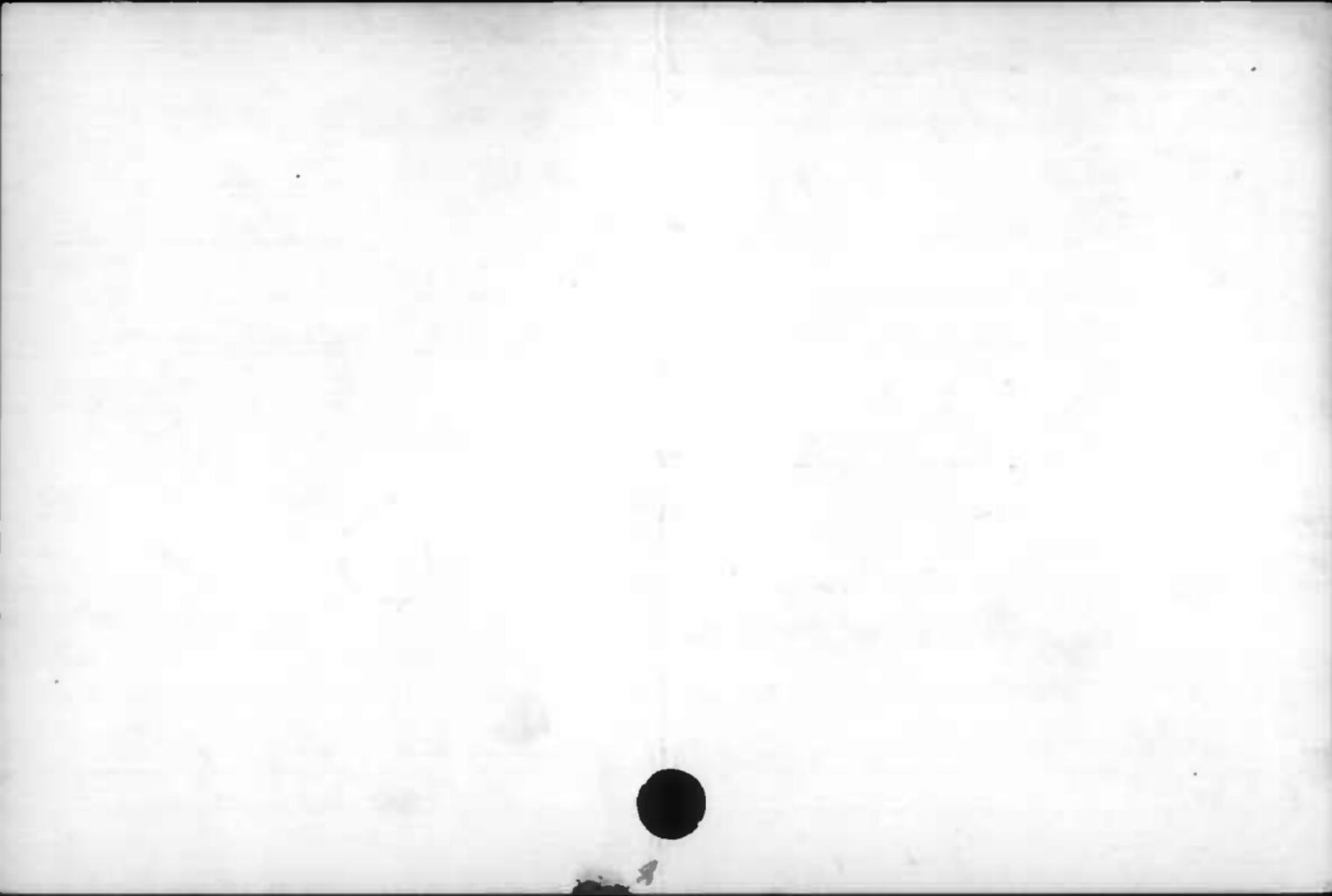
J. W. Dugell M.D.

Springfield

Ind.

Accident or Suicide

Accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Minnie Courtney  
Mt Rainier Prince George

CERTIFICATE OF DEATH

MARYLAND

Died at Town Count  
Mt Rainier Prince George

Date Month Day Year Months Days  
of death 1909 9 27 Age 52 - -

Sex Female Color or Race White Birth-place Va  
Occupation Housewife Where Residing if not at place of death All alone did

Married, Single or Widowed Married Name of Wife or Husband W. H. Courtney

Father's Name Samuel Smith Father's Birthplace Va

Mother's Maiden Name Mary F. Wainwright Mother's Birthplace Va

Name of person giving Information Mrs. Ingruder How related to deceased Sister

CAUSES OF DEATH

Primary T.B. of Spine

Immediate Infection from vomiting

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Addressee

Harry Kelley M.D.  
Mt Rainier Md

Accident or Suicide

30

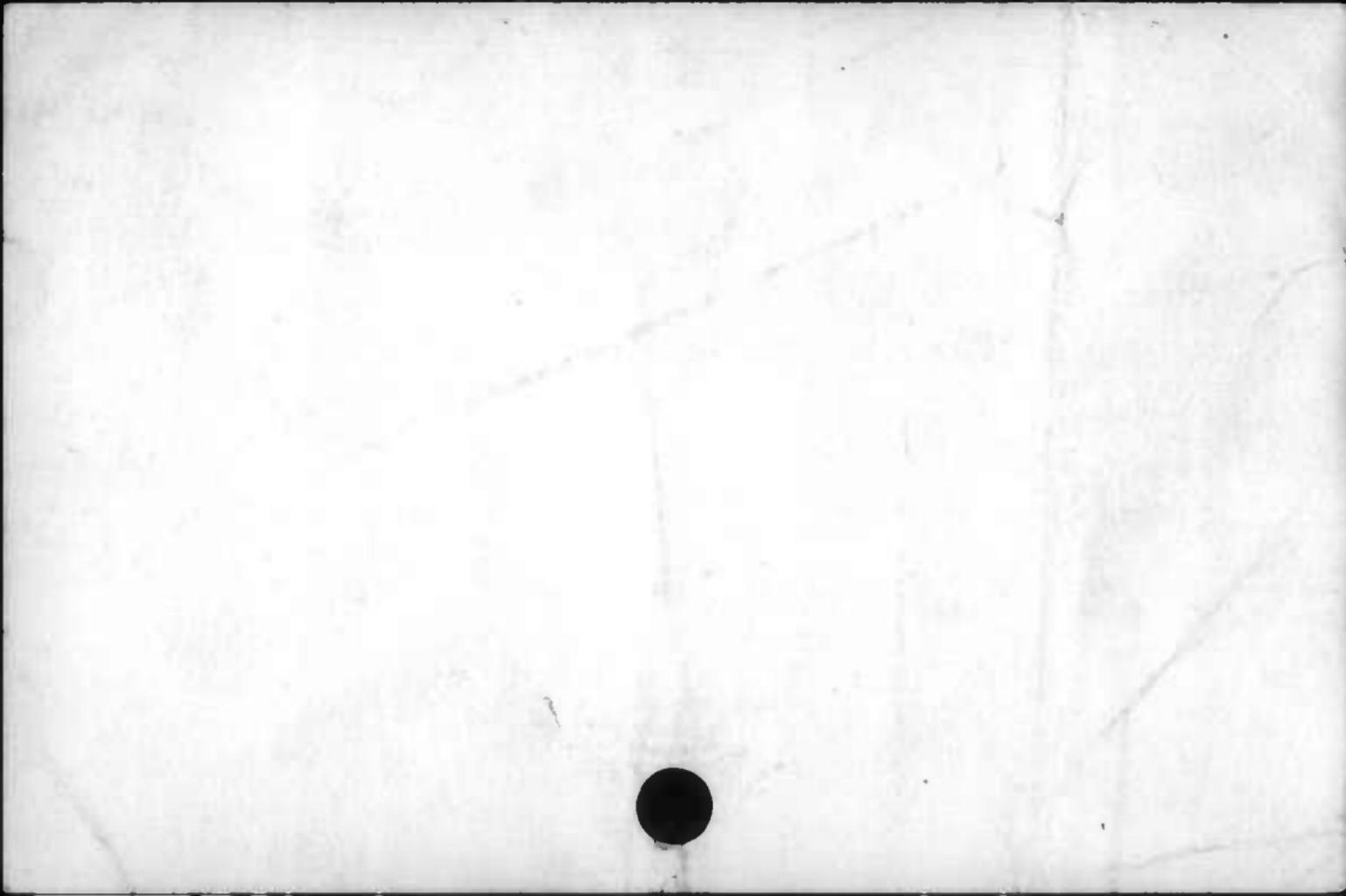
How long

2 yrs

How long

5 days





Name  
in  
Full

William P.H. Crews.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	66	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife & Husband	Washington D.C.			
Father's Name	not known				
Mother's Maiden Name	not known				
Name of person giving information	Mrs A.P. Johnson				

CAUSES OF DEATH

64

✓

How long

several years

How long

3 days

Primary

Arterio-sclerosis

Immediate

apoplexy

Are the name, age, sex, color, date and place correctly given above?

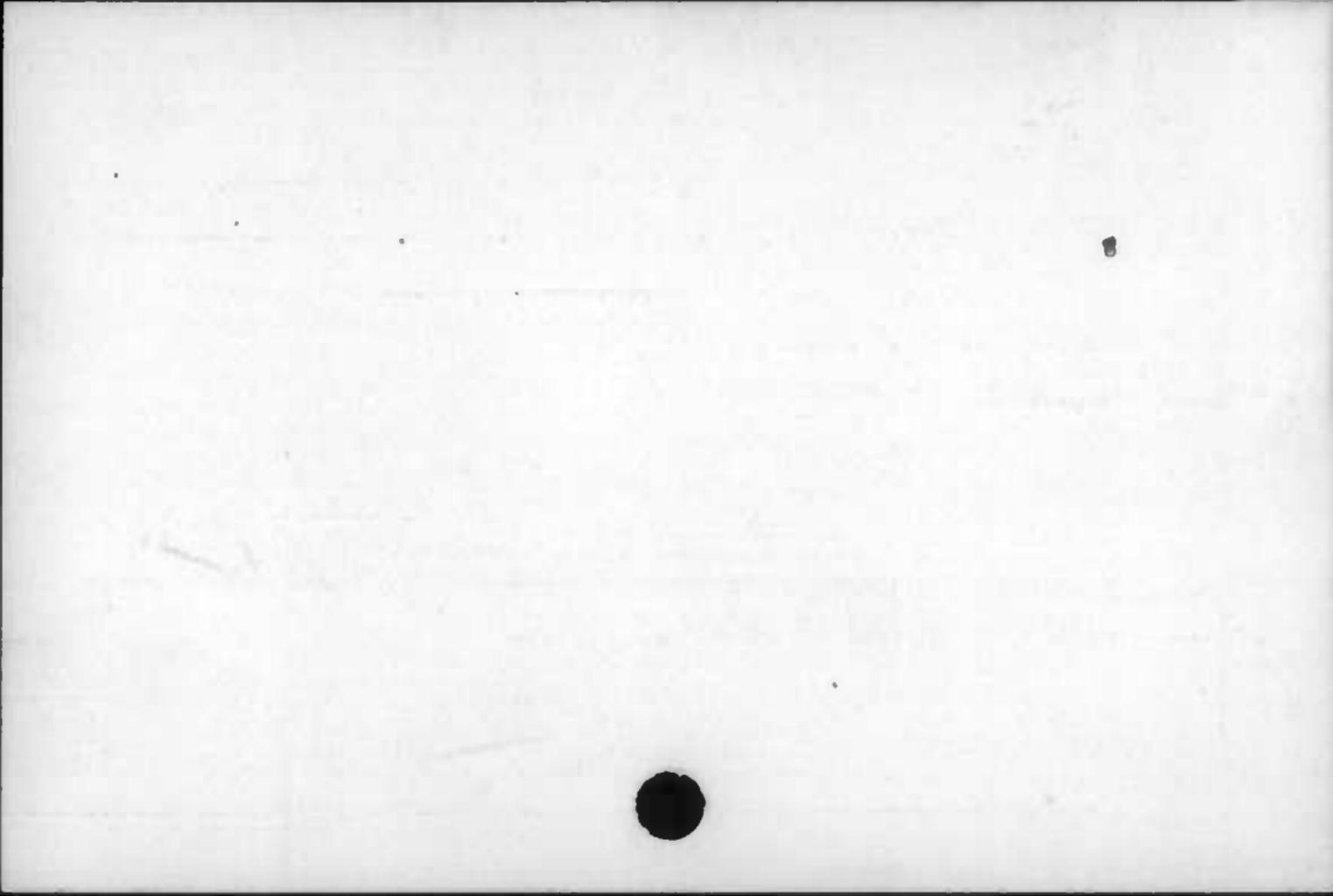
Signature of Physician

Address

Emelius DeWeese,  
Laurel,  
Md.

Accident or Suicide?

none



Name  
in  
Full

Charlotte Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Upper Marlboro	Prince George's	County	MARYLAND		
Date of death 1909	Month 9	Day 23	Age 18	Month	Days
Sex Female	Color or Race colored	Birth-place Maryland			
Occupation Cook	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Henry Diggs	Father's Birthplace Maryland				
Mother's Maiden Name Mary Lantz	Mother's Birthplace Maryland				
Name of person giving Information	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

Three weeks

Immediate

Intestinal Hemorrhage

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

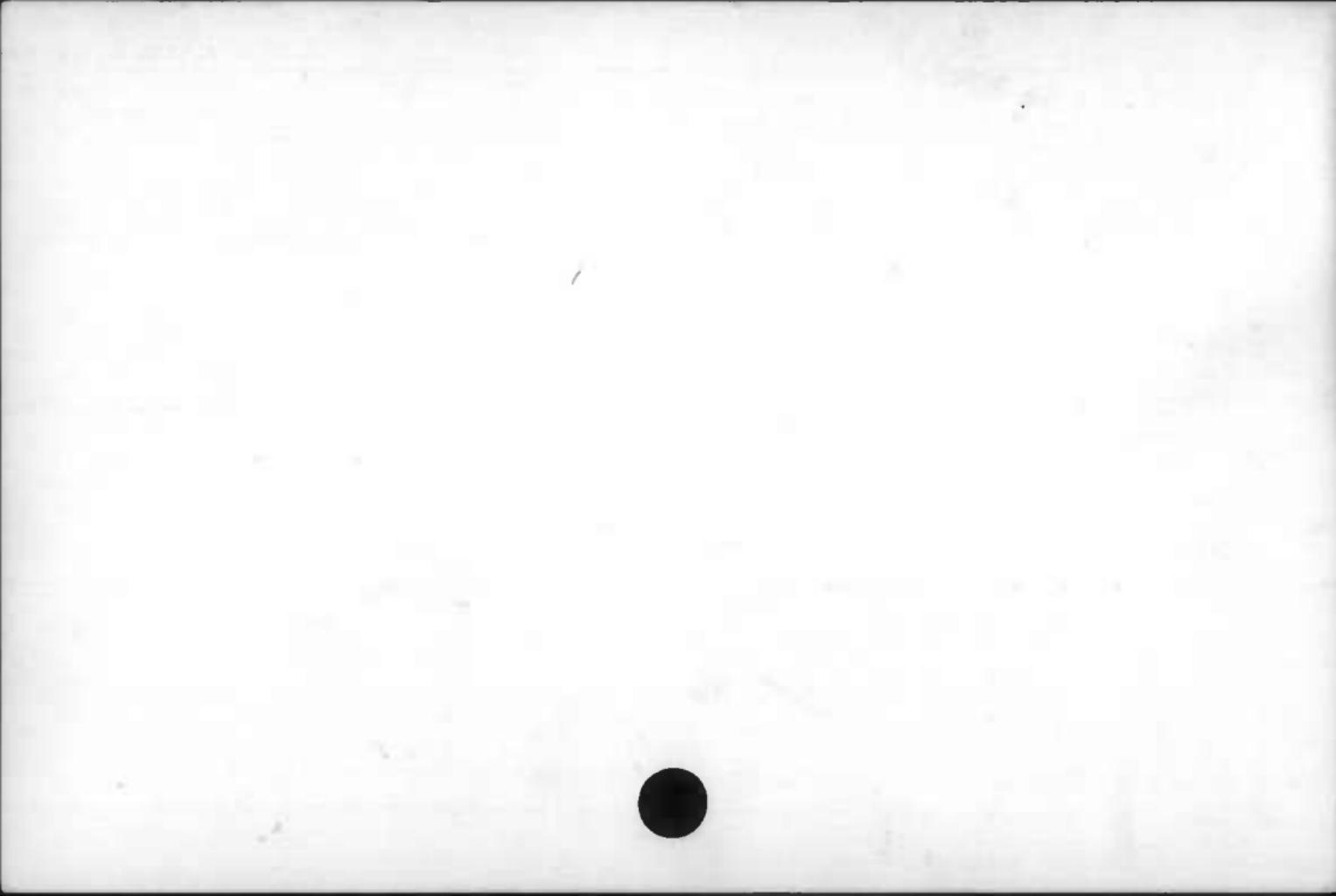
Address

Revady Faroel  
Upper Marlboro

Accident or Suicide

1

✓



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Alice S Hall

Town

Near Bowie P. S.

County

Died st

CERTIFICATE OF DEATH

MARYLAND

Month

Days

Date  
of death

Month

Day

Years

Month

1909

Sep

18

82

Age

3

Birth-  
place

Days

Sex

Color or  
Race

Female

Colord

West Va

Occupation

House work

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Married

Richard Hall

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

William Bulen

Grandson

CAUSES OF DEATH

Primary

Bright's Disease

120

✓

How long

4 months

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

James J. Jewell  
Bowie Md.

Accident or Suicide



Name  
in  
Full

Ralph Harnish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Deys
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1909 9 3 8 - -

Male White Halifax N.S.

—

—

Nathaniel Harnish Halifax N.S.

Mary Morash Halifax N.S.

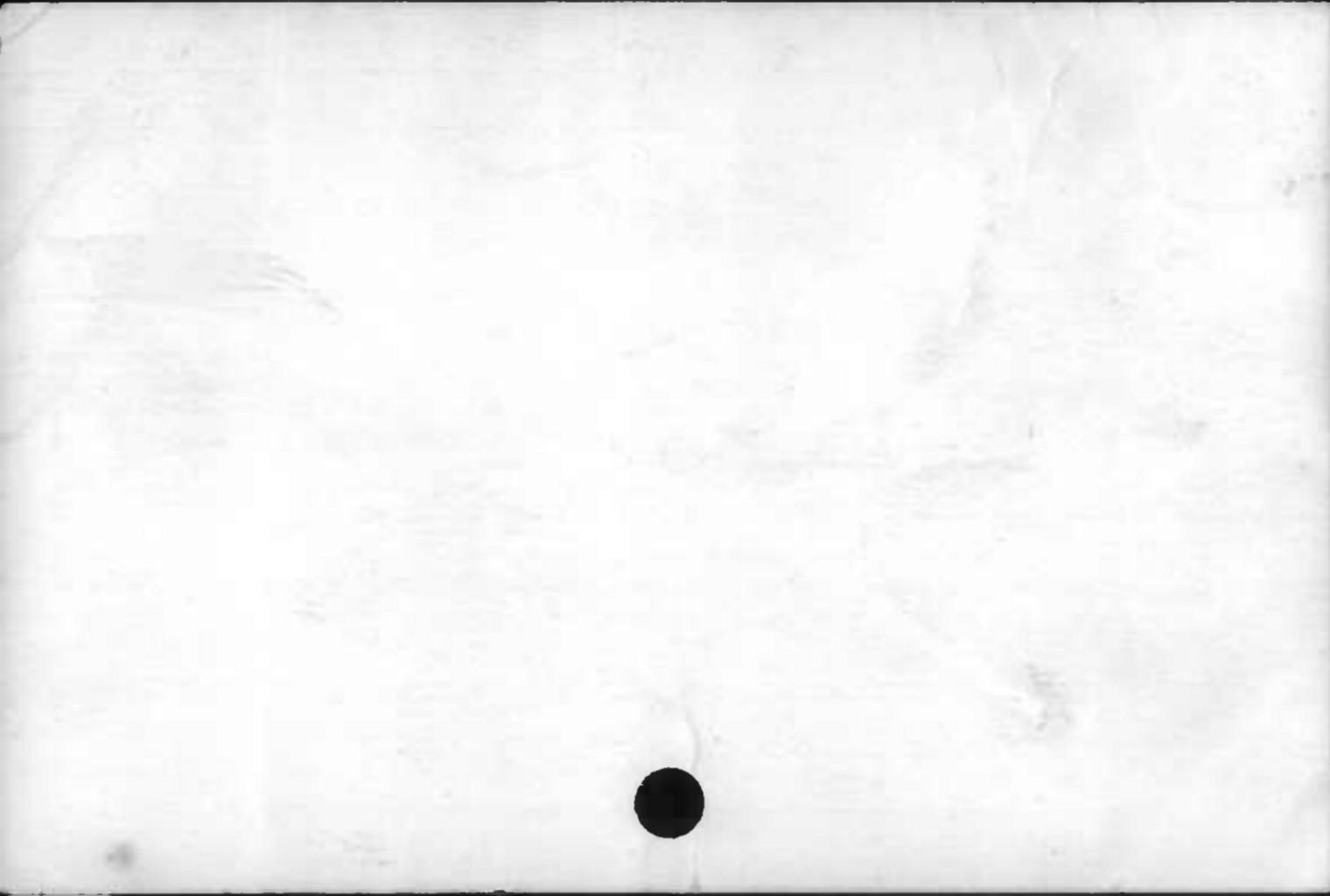
Nathaniel Harnish Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scarlet Fever.	How long	3 weeks
Immediate	Cellulitis of neck	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	HARRY KELLY M.D.
		Address	1175 Main Street

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Johanna Howell.

CERTIFICATE OF DEATH

MARYLAND

Town	County					
Died at New Albany.	On Geo.					
Date of death 1909	Month Sept.	Day 23	Age 83	Years	Months	Days
Sex Female	Color or Race White	Birth-place Chas Co.				
Occupation Housewife.	Where Residing if not at place of death					
Married, Single or Widowed Widow.	Name of Wife or Husband					
Father's Name Ralph Harbin.	Father's Birthplace Alabama.					
Mother's Maiden Name Catherine Langley.	Mother's Birthplace Chas Co					
Name of person giving information Mrs Adam Wechsler.	How related to deceased Mother.					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Infirmities of age.

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. S. Hurtt, M.D.  
Picataway, Md.

Accident or Suicide?



Name  
in  
Full

John Henry Noble Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Collington

Town

County

MARYLAND

Date of death 1909 Sept

Month

Day

Years

Months

Days

Age

3

1

Sex Boy

Color or Race

Colord

Birth-place

Collington MD

Occupation None

Where Residing if not  
at place of death

Collington

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Alfred W Johnson

Father's Birthplace

Mitchellville

Mother's Maiden Name

Hattie Harrison

Mother's Birthplace

Mitchellville

Name of person giving  
Information

Alfred W Johnson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Marsnuth

179

How long

2 monthter

Immediate

Marsnuth

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

James H Trull

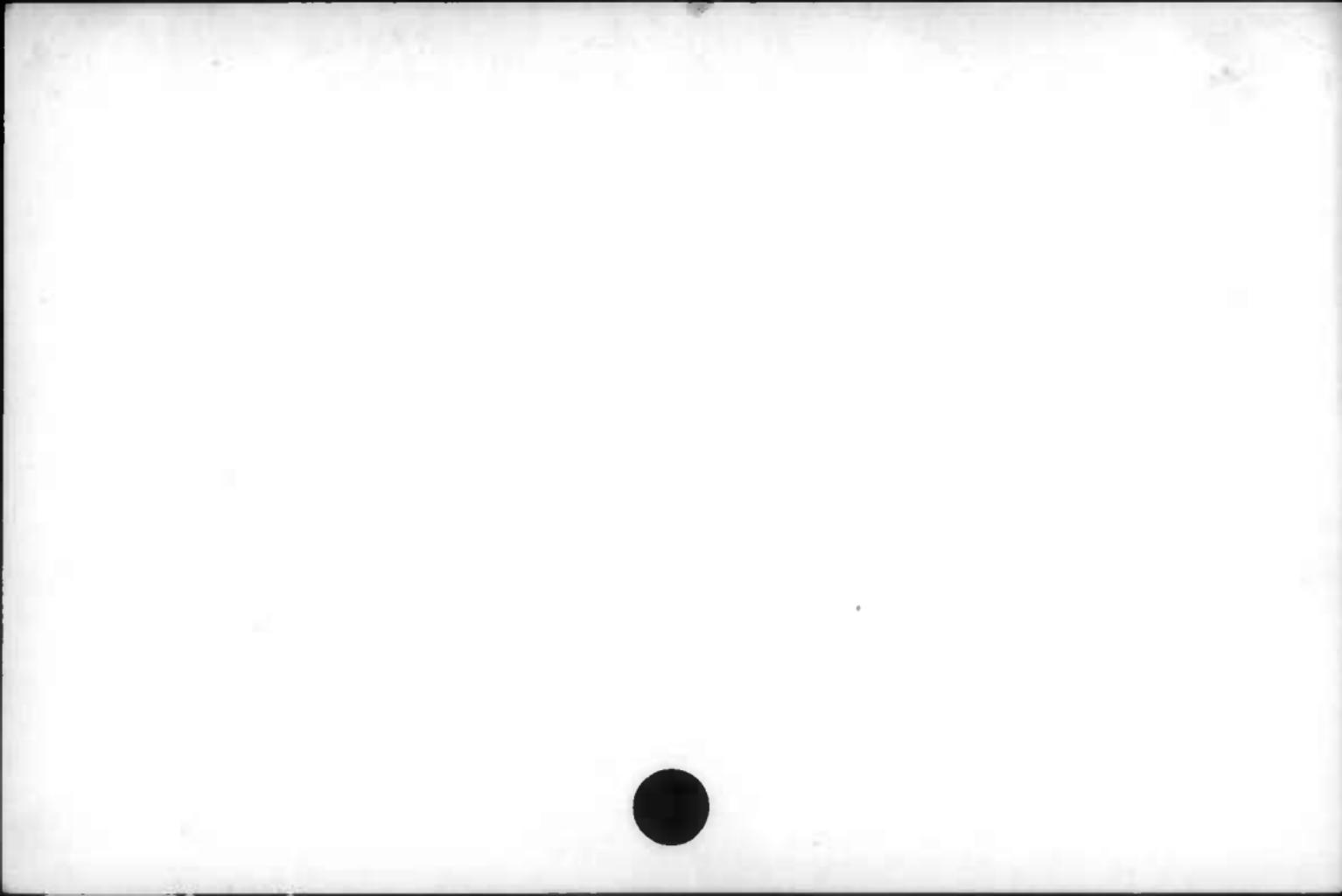
Bowie

MD

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

Charles George Johnson

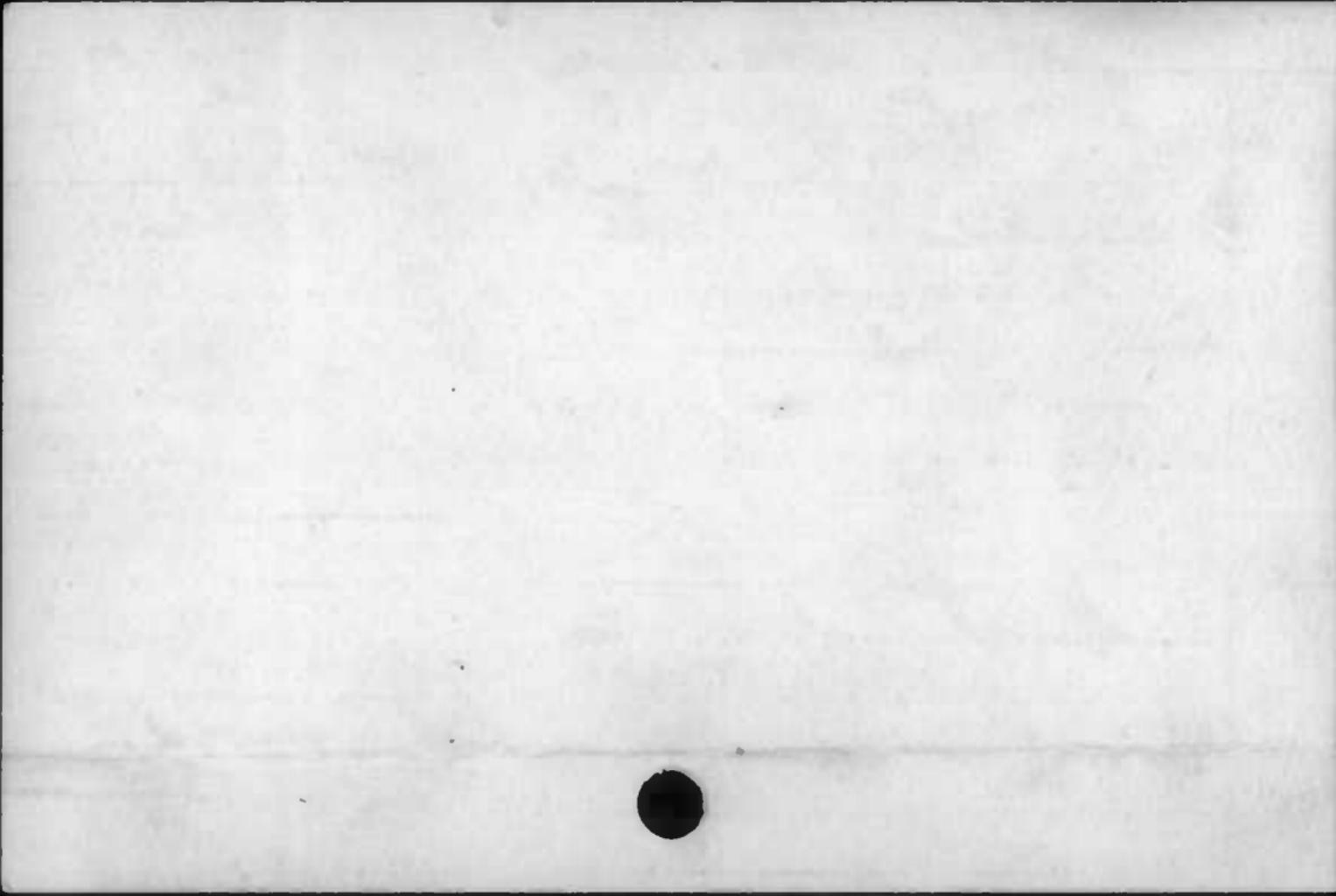
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Bethesda</u>		Town <u>Piney George</u>		County <u>Piney George</u>		MARYLAND	
Date of death <u>1909 Sept</u>	Month <u>Sept</u>	Day <u>6</u>	Years <u>14</u>	Age <u>14</u>	Months <u>3</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Washington D.C.</u>					
Occupation <u>Student</u>	Where Residing <u>not</u> at place of death						
Married, Single or Widowed	Name of Wife or Husband <u>-</u>						
Father's Name <u>Rueben L. Grand Johnson</u>	Father's Birthplace <u>Albemarle Va</u>						
Mother's Maiden Name <u>Mary Virginia Lee Carter</u>	Mother's Birthplace <u>Leesburg</u>						
Name of person giving information <u>Mary Virginia Johnson</u>	How related <u>Mother</u>						
CAUSES OF DEATH							
(166) ✓							

Primary <u>Shot him. self with Rifle</u>	How long <u>A few Minutes</u>
Immediate <u>Internal Hemorrhage</u>	How long <u>- - -</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. A. Fox</u>
<input checked="" type="checkbox"/>	Address <u>Bethesda Maryland</u>
Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Emily Sybella Little CERTIFICATE OF DEATH  
Town Mt. Rainier County P. W. S. MARYLAND

Died at Died at Month Day Years Months Days

Date of death 1909 Month 9 Day 21 Age 61 Years Months Days

Sex Female Birth-place Phila.

Occupation Housewife

Where Residing if not  
at place of death

Married, Single

Name of Wife or  
Husband

Isaac Little

Wife

Father's  
Name

Unknown

Father's  
Birthplace

Phila Pa

Mother's  
Maiden Name

"

Mother's  
Birthplace

" "

Name of person giving  
Information

How related  
to deceased

Primary

CAUSES OF DEATH

Gastric Cancer  
Exhaustion

40

✓

How long

2 yrs

Immediate

How long

2 weeks

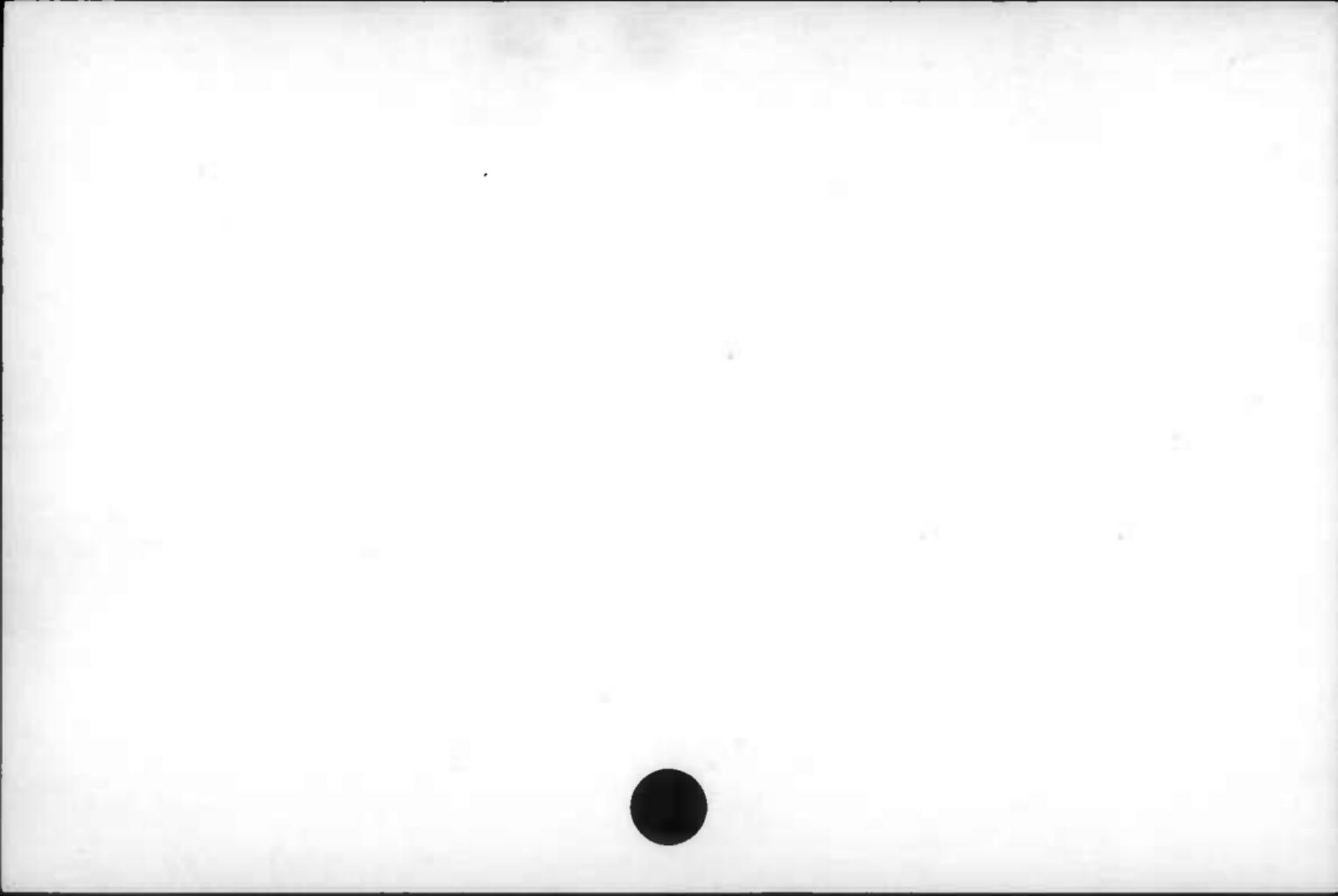
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. S. Arnold  
Washington D. C.

Accident or Suicide



Name  
in  
Full

Lycretia Magruder  
Seat Pleasant, Prince George County

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			at place of death.	
Married, Single or Widowed	Name of Wife or Husband	John Magruder			
Father's Name	Joseph Queen			Father's Birthplace	Maryland
Mother's Maiden Name	Eliza Tennard			Mother's Birthplace	Maryland
Name of person giving Information	Victoria Walker			How related to deceased	Daughter

## CAUSES OF DEATH

109

Primary

Intestinal hemorrhage

How long

3 days.

Immediate

Exhaustion

How long

1 day.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

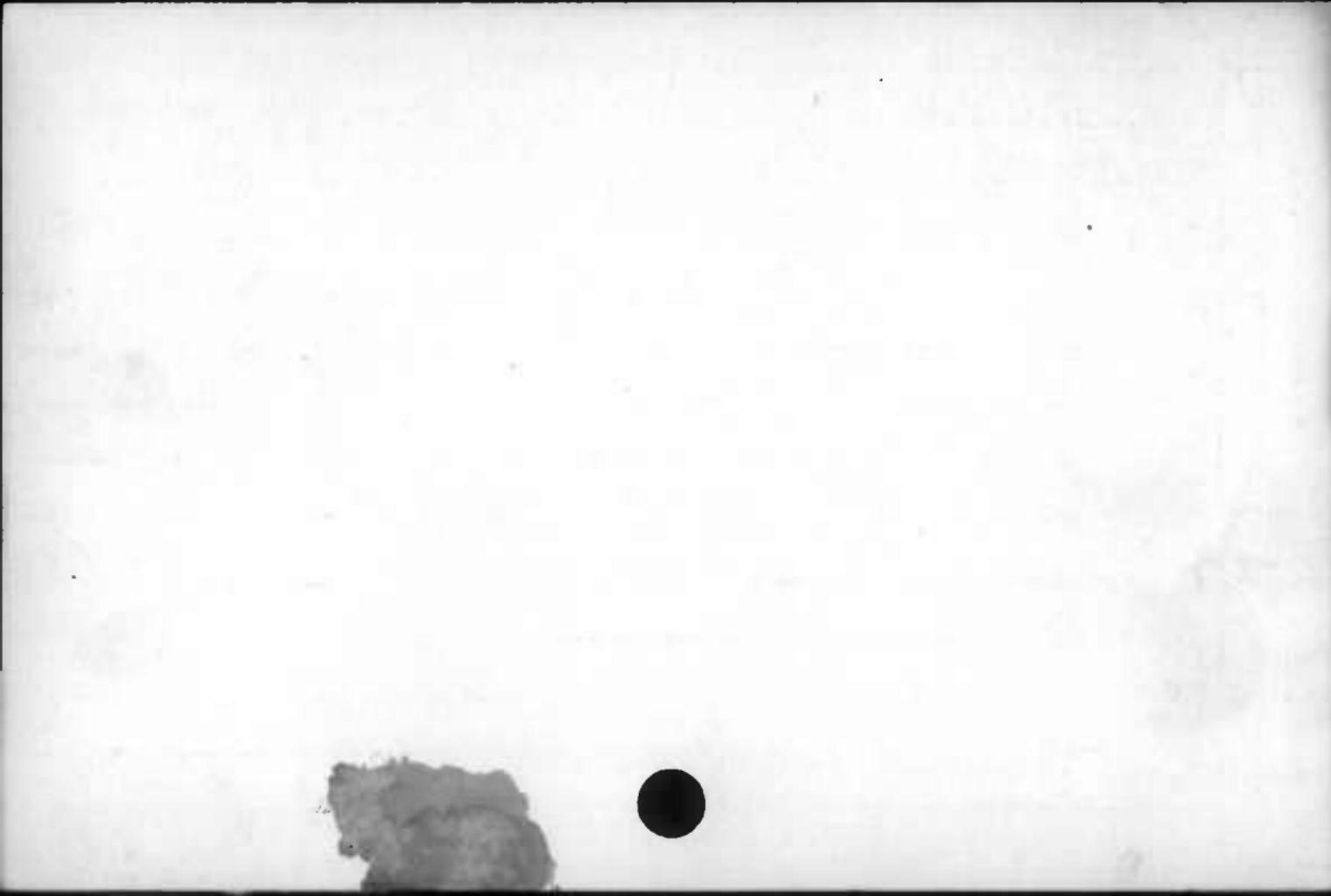
yes

Signature of Physician

Address

L. S. Savage  
Bennings. D.C.

Accident or Suicide?



Name  
in  
Full

Charlotte Beebe Marsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Prince George	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	66	5 26
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Washington.		
Father's Name	Francis L. Beebe	Connecticut.		
Mother's Maiden Name	Emma Longstock	Connecticut		
Name of person giving information	Husband - F. L. Marsh			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diseases Malaria

50



How long

10 years?

Immediate

Exhaustion

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

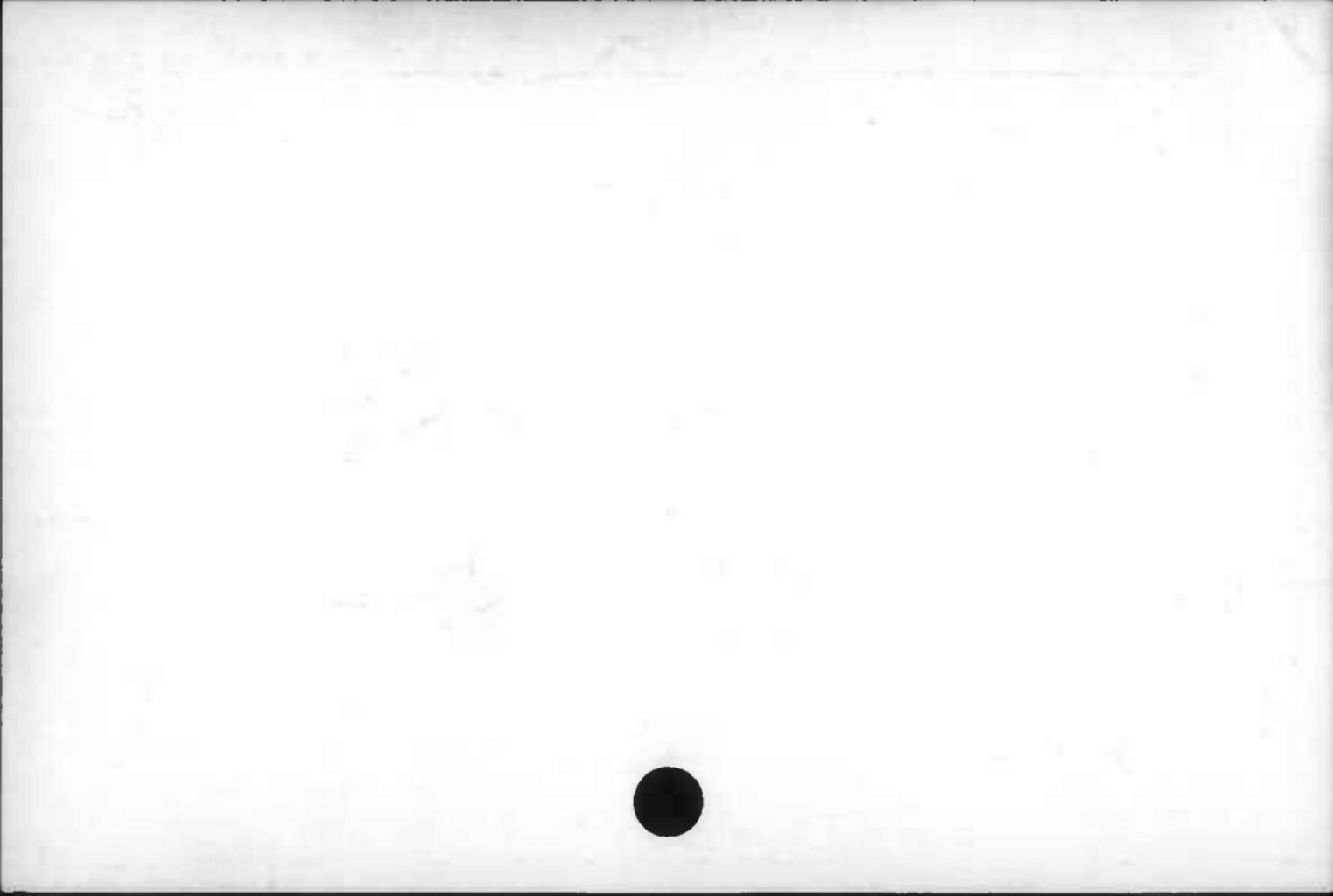
Signature of Physician

Address

Cornelius DeWeese, MD,  
Laurel, Md.

Accident or Suicide

No



Name  
in  
Full

Bertha Nease

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		P. L.	County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		White		Birthplace	
Occupation	Where Residing if not at place of death					
Married; Single or Widowed	Husband	Name of Wife or Husband				
Father's Name	Joseph W. Moore					Father's Birthplace
Mother's Maiden Name	Eleanor Thomas					Mother's Birthplace
Name of person giving Information	Joseph W. Moore					How related to deceased

CAUSES OF DEATH

Primary Deulation

179

✓  
3 mo

Immediate Marasmus

How long

3 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

neither

John E. Sanderson  
Frederick  
Md



Name  
in  
Full

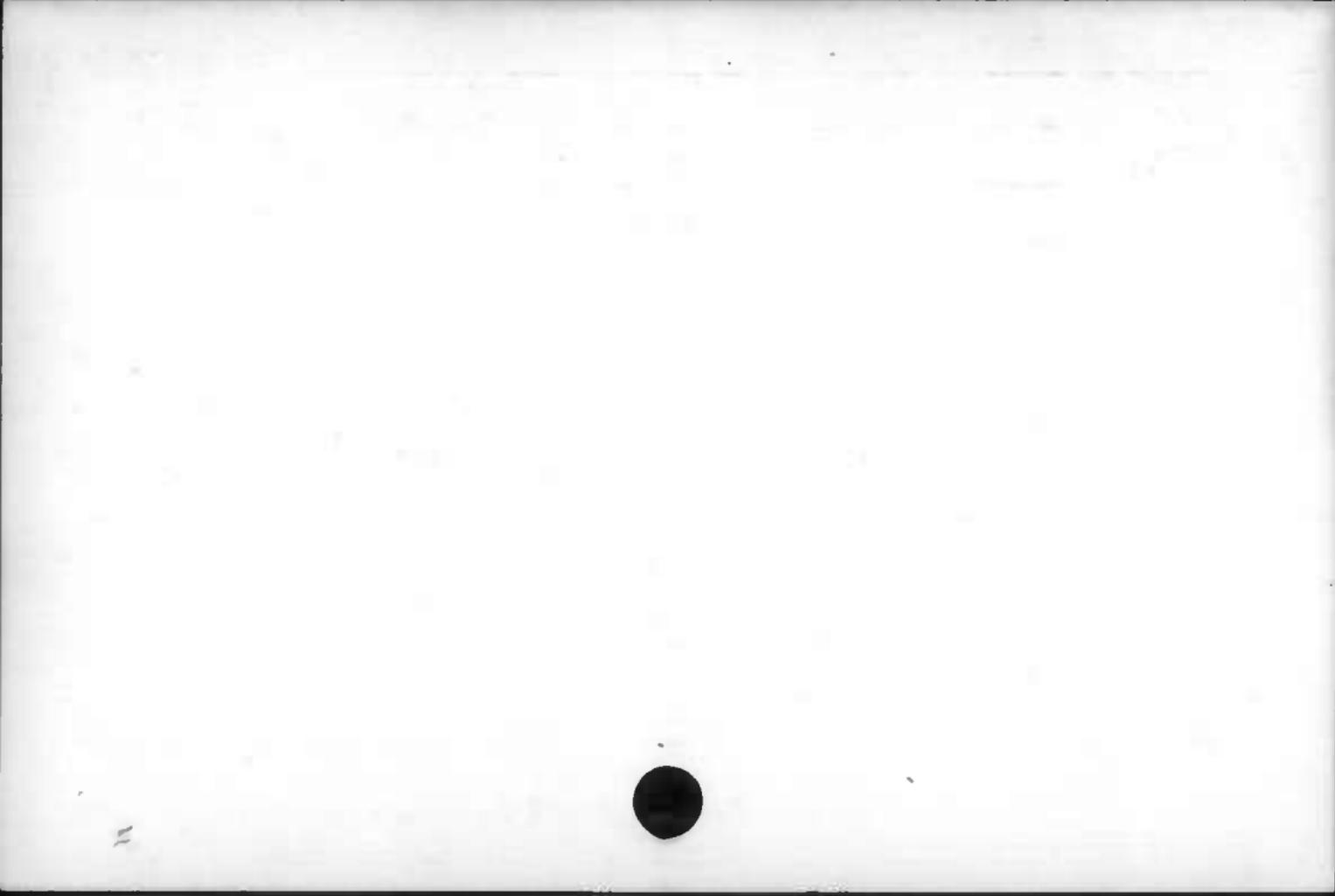
John Elmer Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William Newman		
Mother's Maiden Name	Elizabeth Riley		
Name of person giving Information	John Paul		
CAUSES OF DEATH			
Primary	Intestinal Parasites several weeks		
Immediate	Peritonitis		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Accident or Suicide		G.P. Simpson M.D. Roseau J.D. M.W.	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Agnes Redmond.

CERTIFICATE OF DEATH

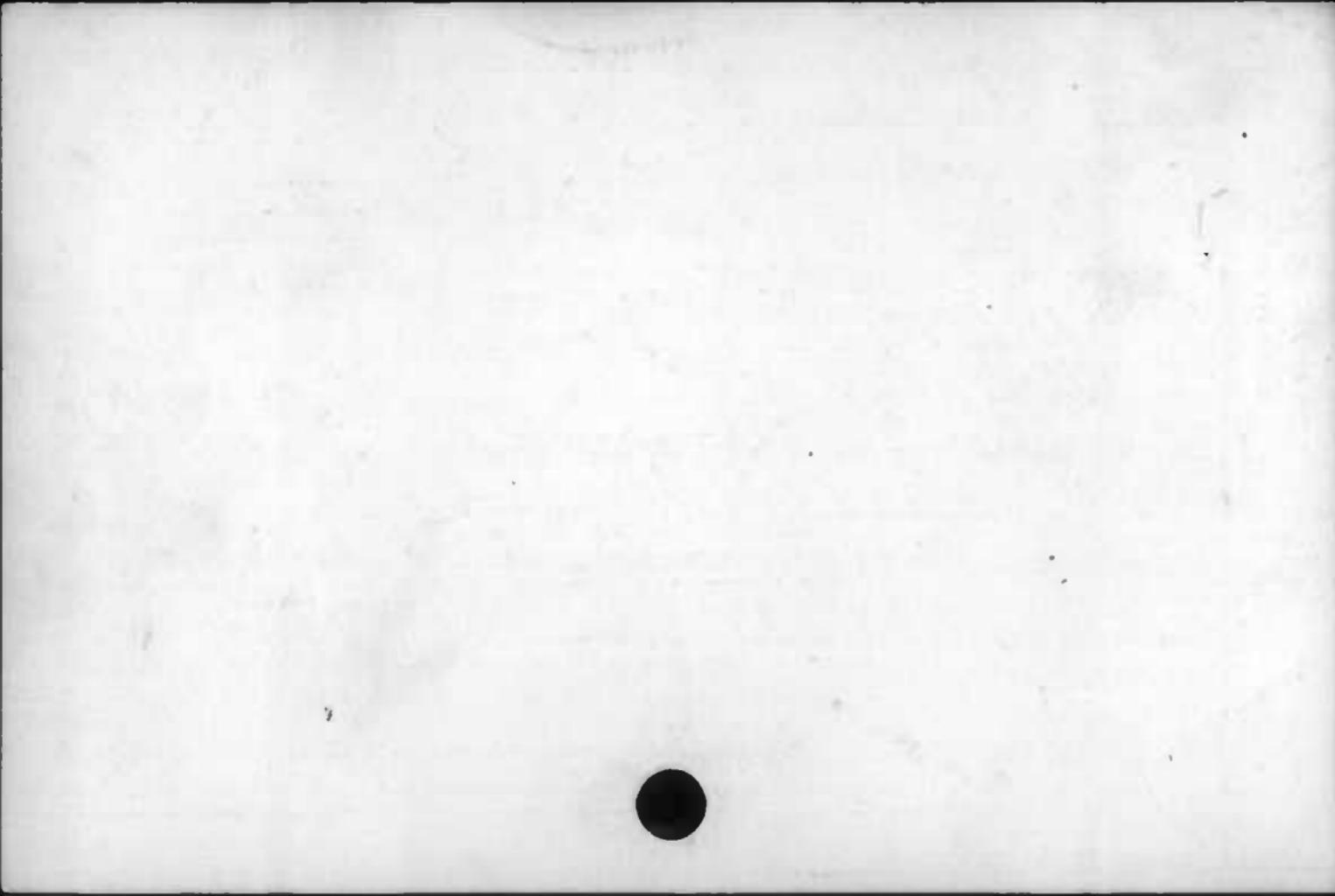
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Sep.	Day 3	Years 28	Months	Days
Sex Female	Color or Race White	Birth-place Laurel			
Occupation House Keeper	Where Residing if not at place of death Laurel				
Married, Single or Widowed Widow	Name of Wife or Husband Charles J Redmond	Father's Birthplace Laurel			
Father's Name Oliver Burgess	Mother's Maiden Name Christine Brashears	Mother's Birthplace Laurel			
Name of person giving Information Mrs. Josephine E Baker	How related to deceased Aunt				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 Months
Immediate	General Debility	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	JR Smith
		Address	Laurel Md
Accident or Suicide?			



Name  
in  
Full

Lester Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1909 Sept	Sept	13	Age 2 3 1-
Sex	Color or Race	Birth-place	
Male	White	Laurel	
Occupation	Where Residing if not at place of death		
Butcher	Laurel		
Married, Single or Widowed	Name of Wife or Husband		
W	None		
Father's Name	Charles Riley	Father's Birthplace	Da
Mother's Maiden Name	Bethia Thompson	Mother's Birthplace	Da
Name of person giving Information	Oras Thompson	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Infantile Spinal Paralysis  
Immediate Atelminia

63

How long 6 months

How long 7 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

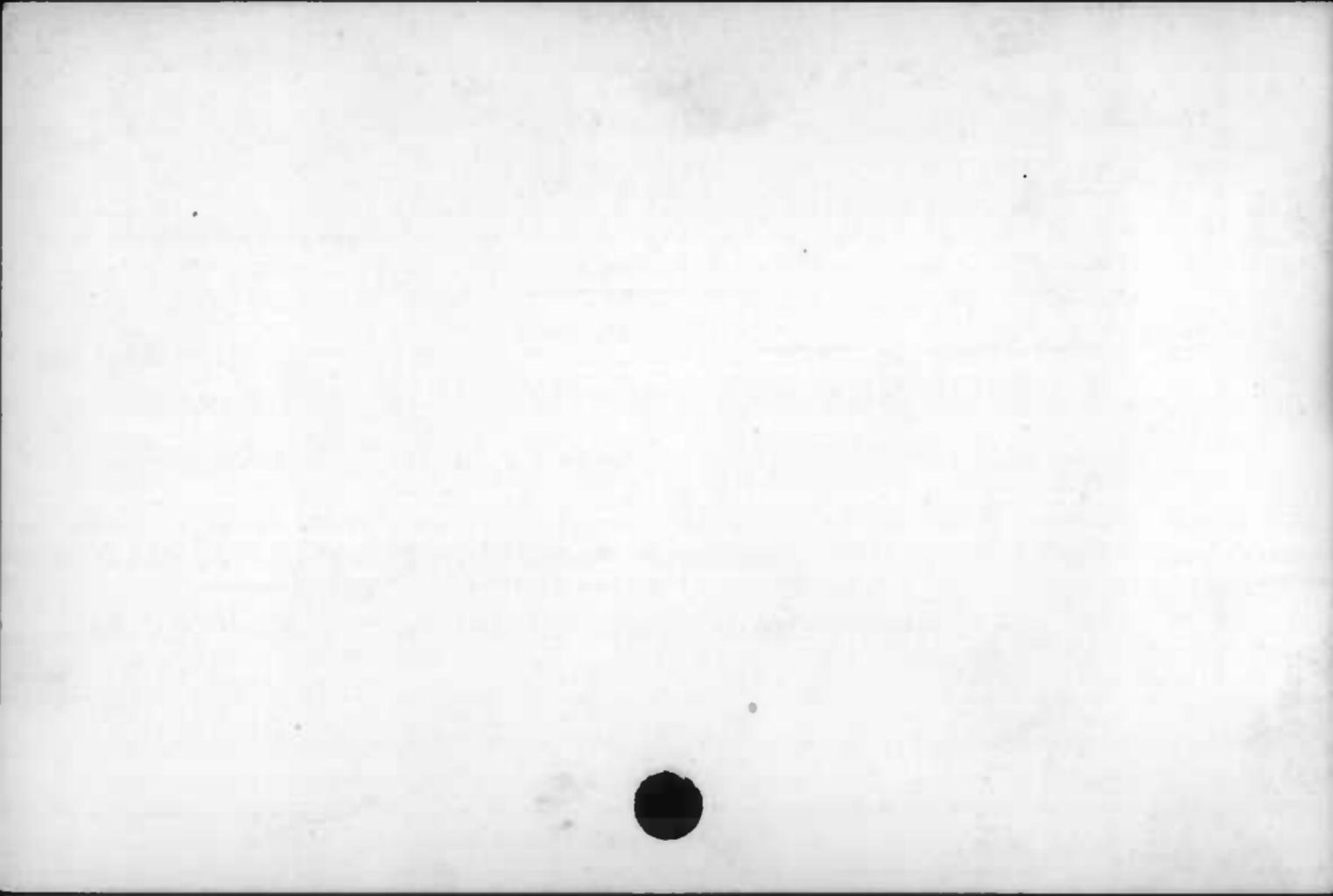
Signature of Physician

Address

W.F. Taylor M.D.  
Laurel Md



Accident or Suicide?



Oden Bowie Roberts

CERTIFICATE OF DEATH

Died at	Town <b>Brightseat</b>	County <b>Prince George's</b>	MARYLAND
Date of death	Month 1909 Sept.	Day 25	Years Age 30
Sex	Color or Race Male White	Months 5	Days 29
Occupation	Birth-place <b>Brightseat</b>		
Married, Single or Widowed	Single	Where Residing if not at place of death	
Father's Name	<b>Z.O.W. Roberts</b>		
Mother's Maiden Name	<b>Alice Bowie</b>		
Name of person giving Information	<b>Eugene Roberts</b>		

CAUSES OF DEATH

Primary **a** Mitral insufficiency **b** Cerebral embolism

How long (a) Don't know  
(b) 12 hours

Immediate **Roma**

How long 12 hours

Are the name, age, sex, color, date and place correctly given above?

**Yes.**

Signature of Physician

**Chas. M. Beall M.D.**

Address

**39-17 1/2 st. NW  
Washington, D.C.**

Accident or Suicide

The Survey 17 and 200 et

Olein Bouie Roberts

Conest P. Cook

Wyat C. m.s.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Mervel Summers Rochester -

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Tuxedo		Bowie George	3	Months	13 Days
Date of death	Month	Day	Years	Months	Days
1909 Sept.		17	Age	3	13
Sex	Color or Race	Birth-place			
male	white	Hd.			
Occupation	Where Residing if not at place of death				
infant					

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

Samuel H. Rochester

Father's Birthplace

S.C.

Mother's Maiden Name

Zura Rochester

Mother's Birthplace

H. C.

Name of person giving Information

Samuel H. Rochester

How related to deceased

Father ✓

CAUSES OF DEATH

105

Primary

gastro-enteritis

1 mo.

Immediate

asthenia

8 hours

Are the name, age, sex, color, date and place correctly given above?

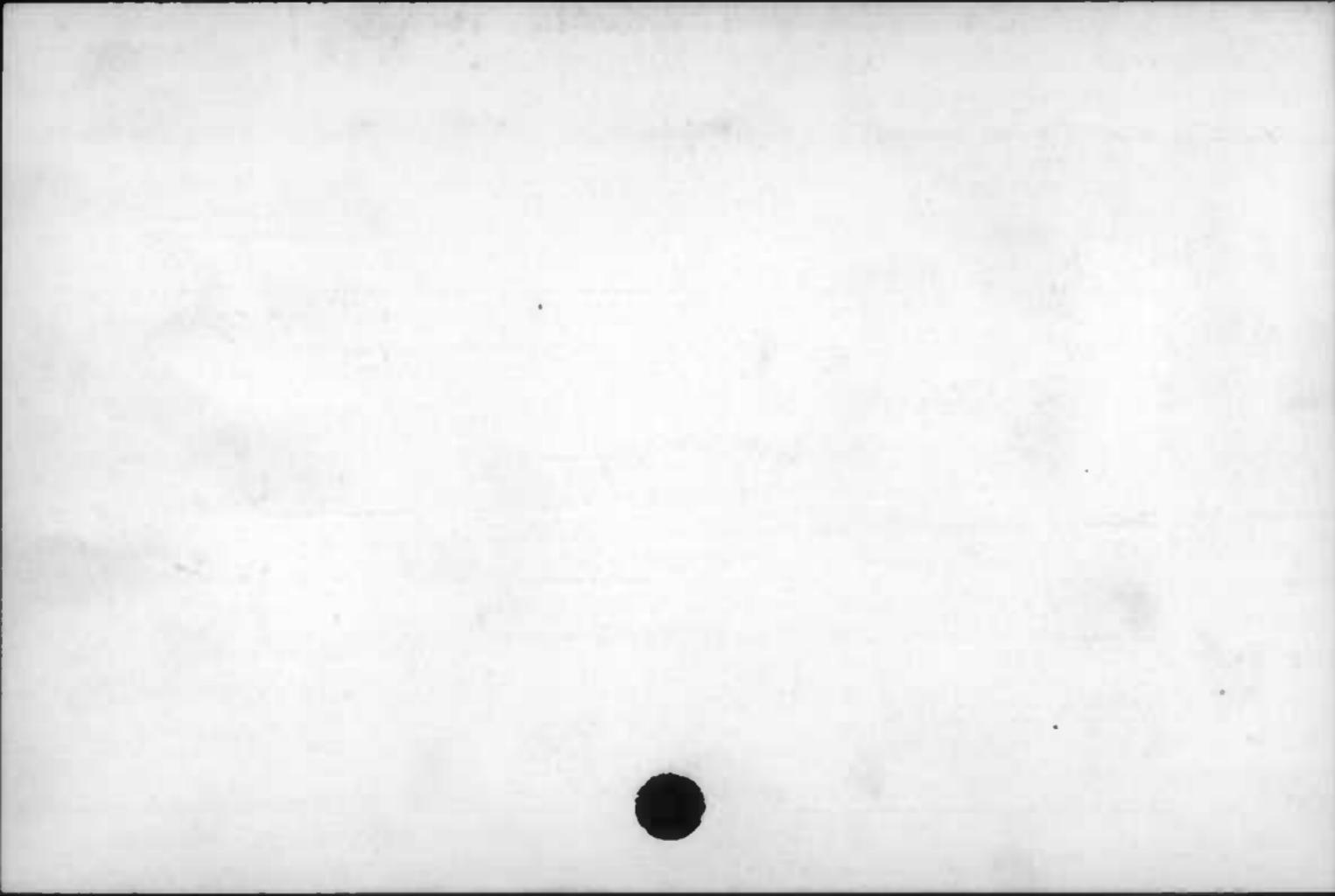
yes

Signature of Physician

J M Brady  
Kenilworth, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, <u>Sing</u> <del>widowed</del>	Name of Wife or Husband	Wm Ross		
Father's Name	Geo Barton			
Mother's Maiden Name	Jane Blapton			
Name of person giving Information	(Husband) Wm Ross			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Chr. Incurable Pulmonary Tuberculosis

How long

1 1/2 yrs.

Immediate

Asthenia + Epuration

How long

about 8 months

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

R. D. Conklin

Address

Box 266

Hyattsville Md.

Accident or Suicide?



Name  
in  
Full

William Henry Rozier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Upper Marlboro | County P.G.

Town Month Day Year Month Day  
Date of death 1909 9 25 22 — —

Sex Male Color or Race Black

Occupation Waiter Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Rozier Father's Birthplace P.Y. b.d.

Mother's Maiden Name Ella Boston Mother's Birthplace "

Name of person giving information Frank Rozier How related to deceasedad Father

CAUSES OF DEATH

Primary Tuberculosis

27

How long

Immediate Exhaustion

✓

How long

Are the name, age, sex, color, date and place correctly given above?

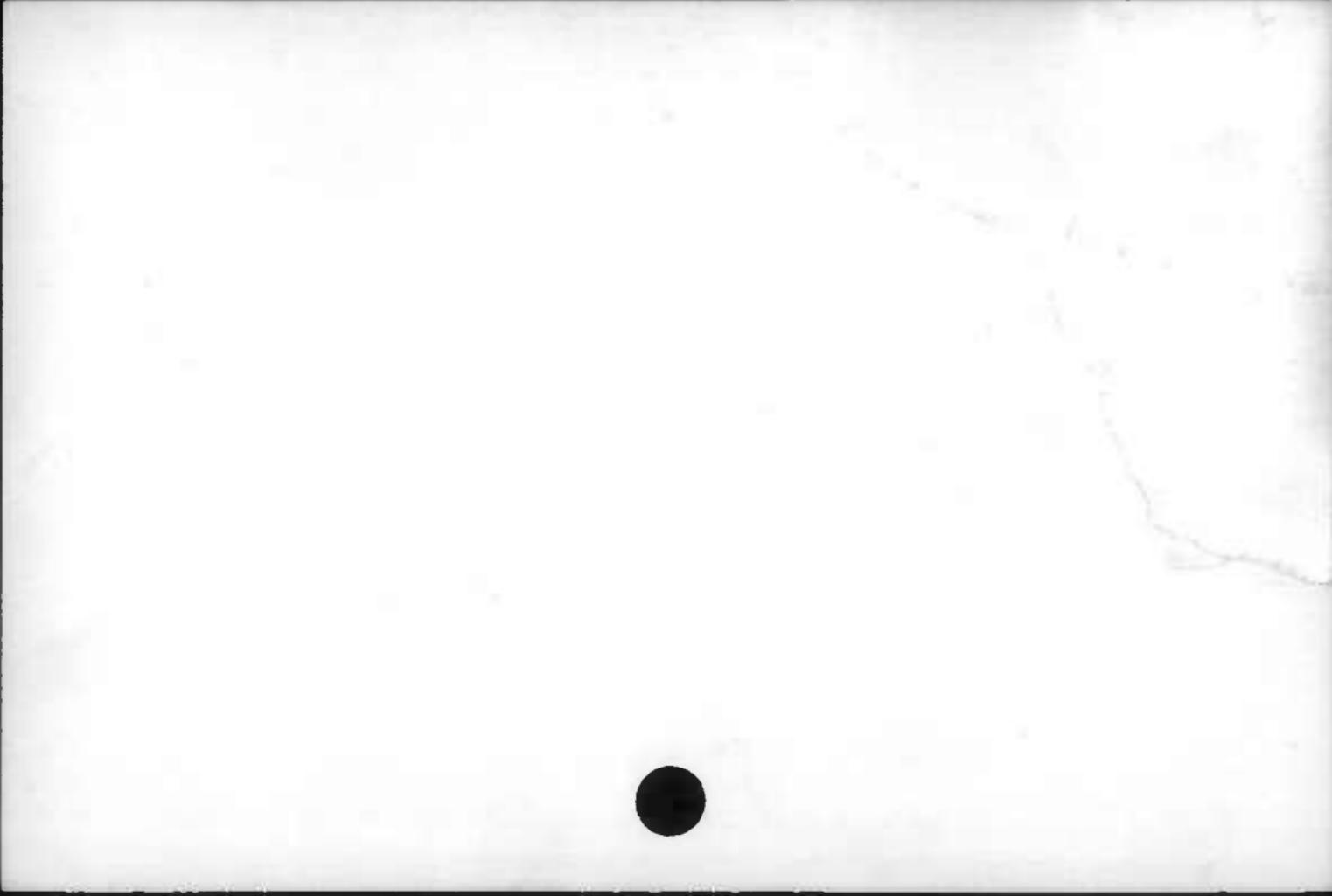
Signature of Physician

Address

Accident or Suicide

Reverend Doctor  
Upper Marlboro  
Towt

PHYSICIAN  
OR CORONER



Name  
in  
Full

Guy W. Ruske

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1909 Sept 2 3½ m.d.

male white

Frank Ruske

Lillian Johnson

Frank Ruske

DC m.d. Father ✓

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

179

How long

4 mo

Immediate

Cardiac failure

How long

2 who

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

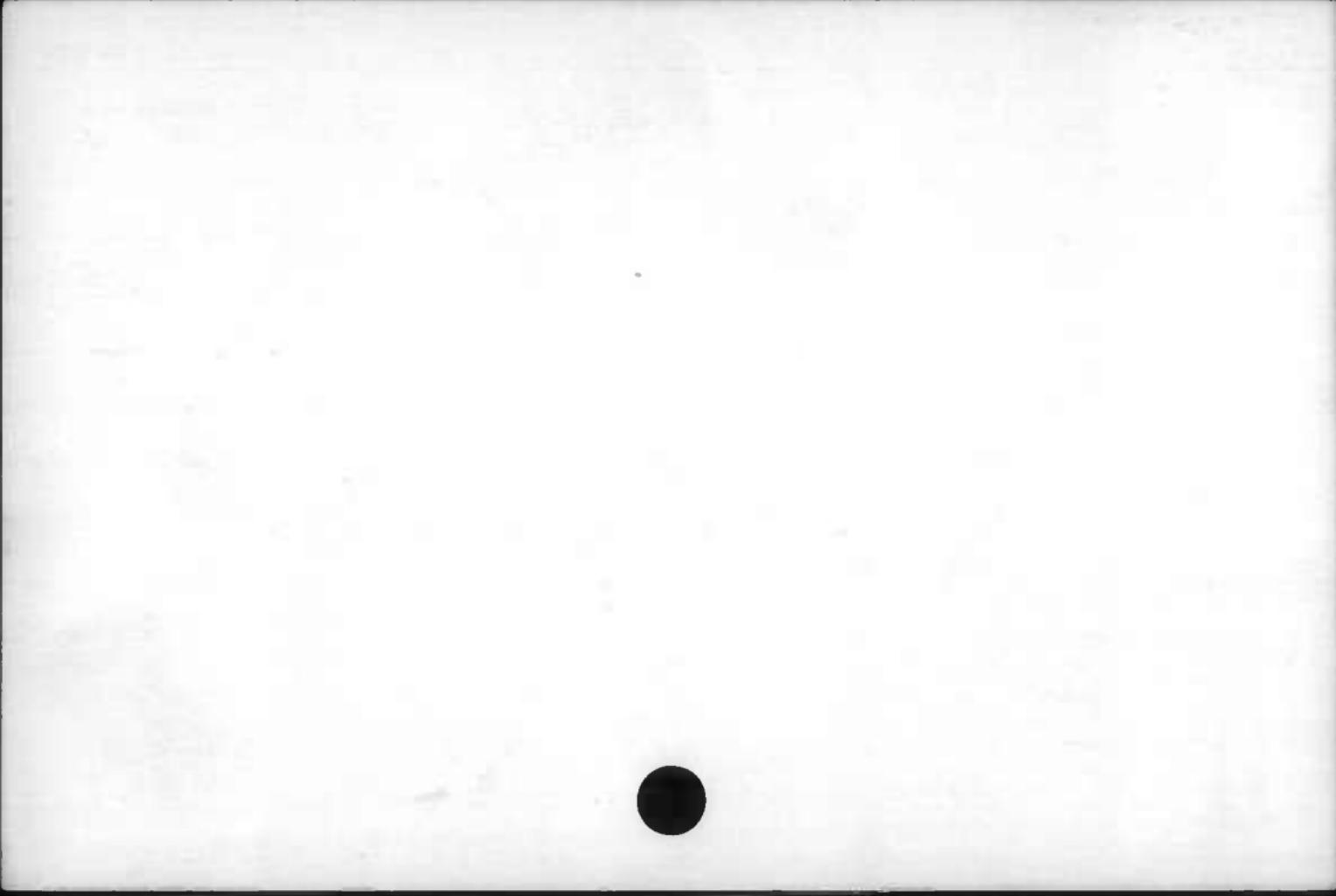
Address

Guy W. Ruske

Hayatts ville  
Md

Accident or Suicide

Neither



Name  
in  
Full

James H. Sansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

Nev. Glazy

County

Pri. Sec.

Date  
of death

Month

Day

1909

9

4

Years

44

Months

10

Days

16

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Farmer

Where Residing if not  
at place of death

Home

Married,   
~~Widowed~~

Name of Wife or  
Husband

Mary S. Sansbury

Father's  
Name

Lyle T. Sansbury

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Letitia F. Jones

Mother's  
Birthplace

Md.

Name of person giving  
Information

Mary S. Sansbury

How related  
to deceased

wife

CAUSES OF DEATH

39

How long

2 yrs

How long

indefinite

Primary

Epithelioma lower lip + angle jaw

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

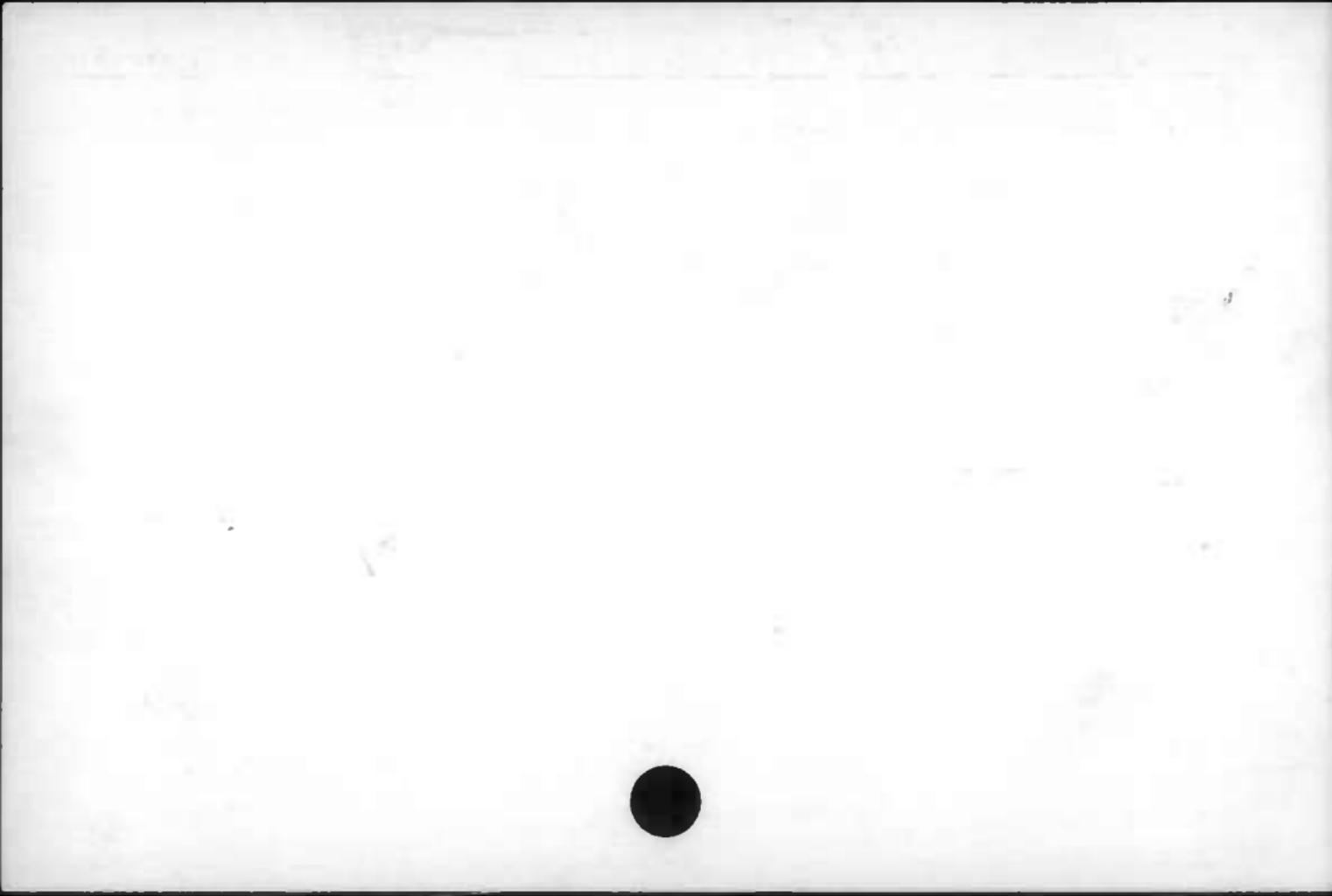
Signature of  
Physician

Address

E.P. Simpson M.D.  
Rosedale - Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Edgar F Shaffer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1909

Month

Sept

Day

24

Years

7

Months

10

Days

10

Sex

Male

Color or  
Race

White

Birth-  
place

Laurel md

Occupation

stone boy

Where Residing if not  
at place of death

Laurel

Married, Single  
or Widowed

25

Name of Wife or  
Husband

Bess

Father's  
Name

Frank Shaffer

Father's  
Birthplace

Laurel md

Mother's  
Maiden Name

May Baldwin

Mother's  
Birthplace

Laurel

Name of person giving  
Information

Frank Shaffer

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

1

✓

6 hours

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

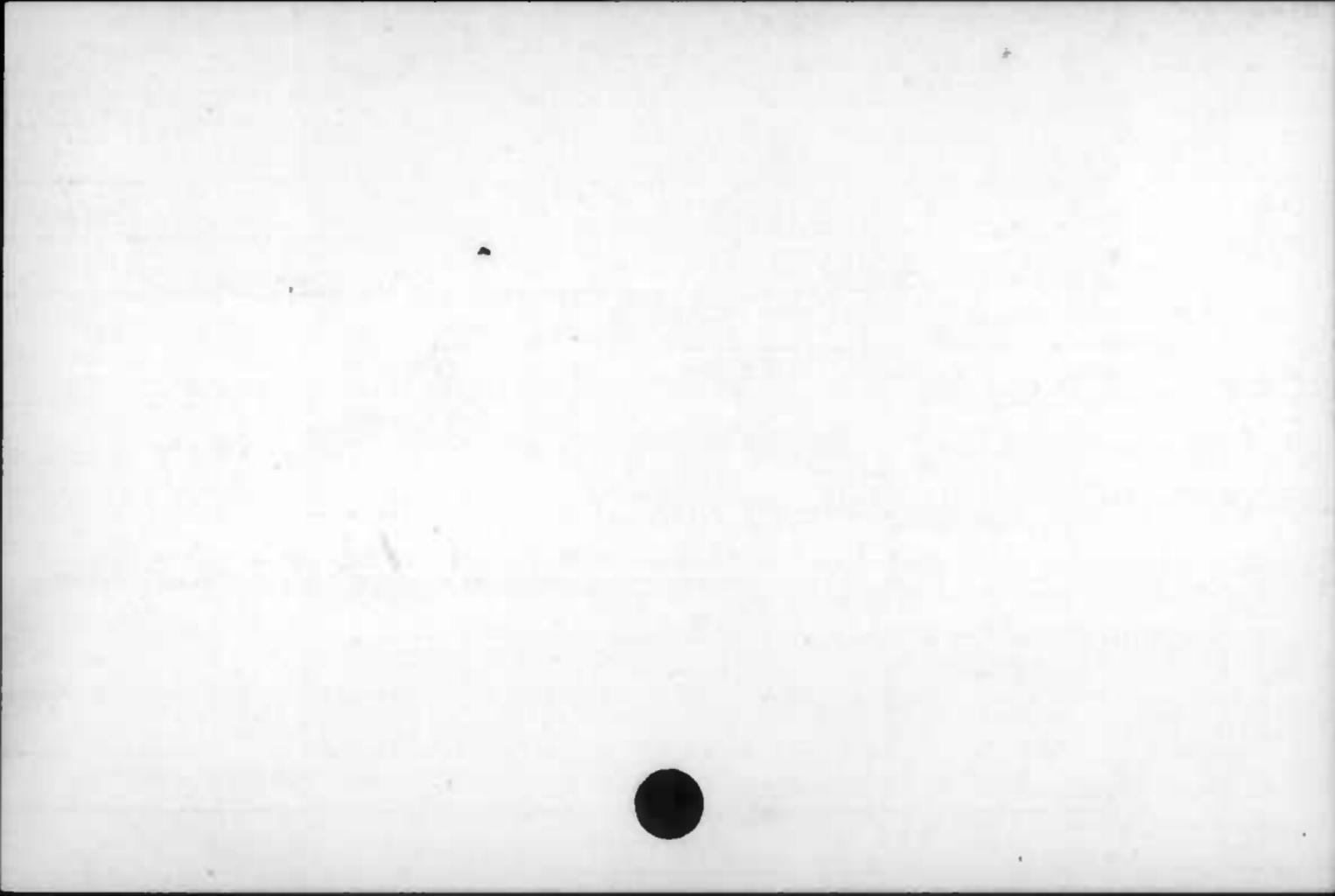
W F Taylor

Address

Laurel Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Esther May Shaffer

CERTIFICATE OF DEATH

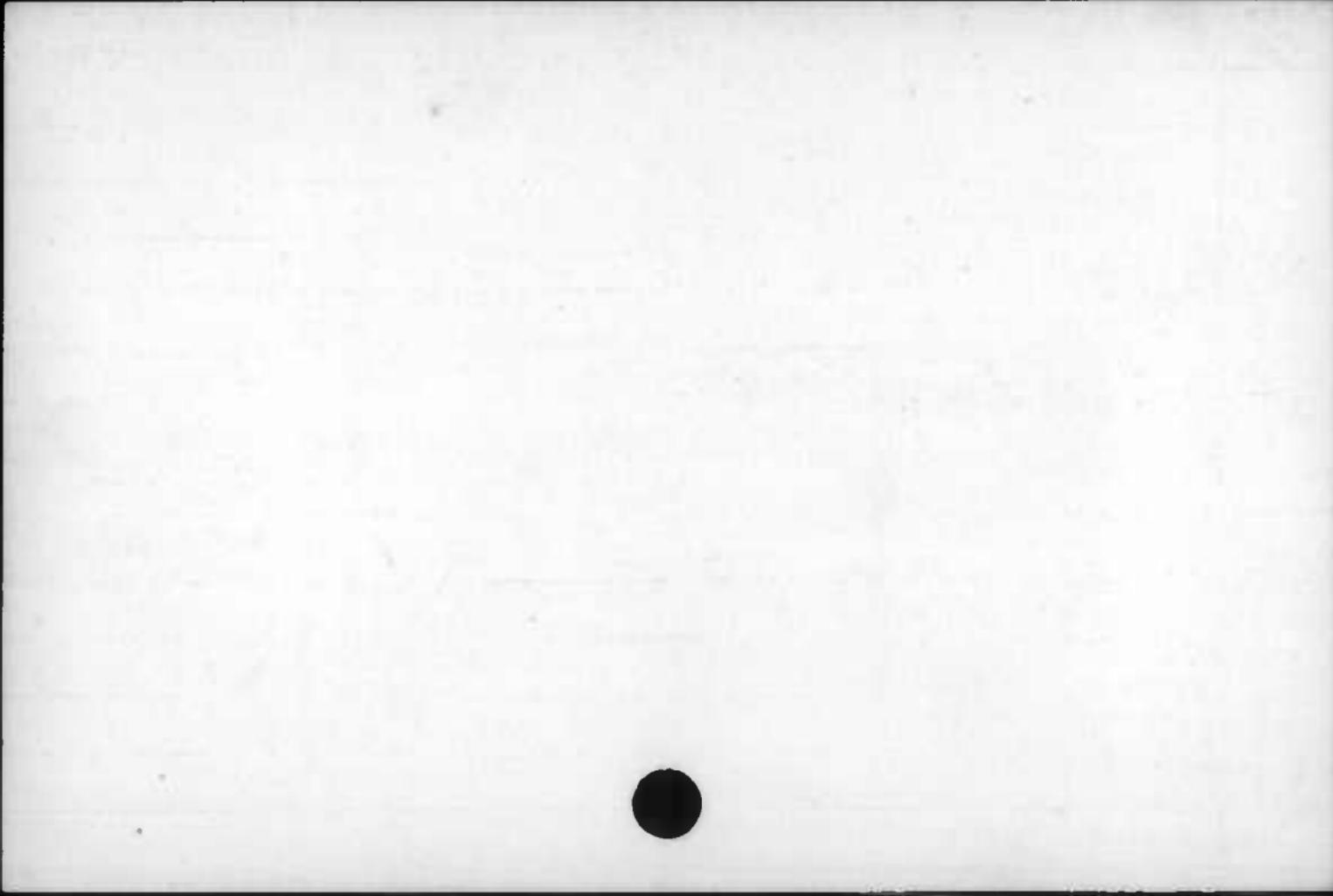
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	P.D. County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Laurel	
Occupation	School girl	Where Residing if not at place of death			Laurel	
Married, Single or Widowed	2 yrs	Name of Wife or Husband	Mr	Father's Birthplace	Laurel	
Father's Name	Frank Shaffer	Mother's Maiden Name	Mary Baldwin	Mother's Birthplace	Ma	
Name of person giving Information	Frank Shaffer	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tephaed Frac		1	✓
Immediate	Tacaemia		How long	7 courses
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	W.F. Taylor Laurel Md
Accident or Suicide?				

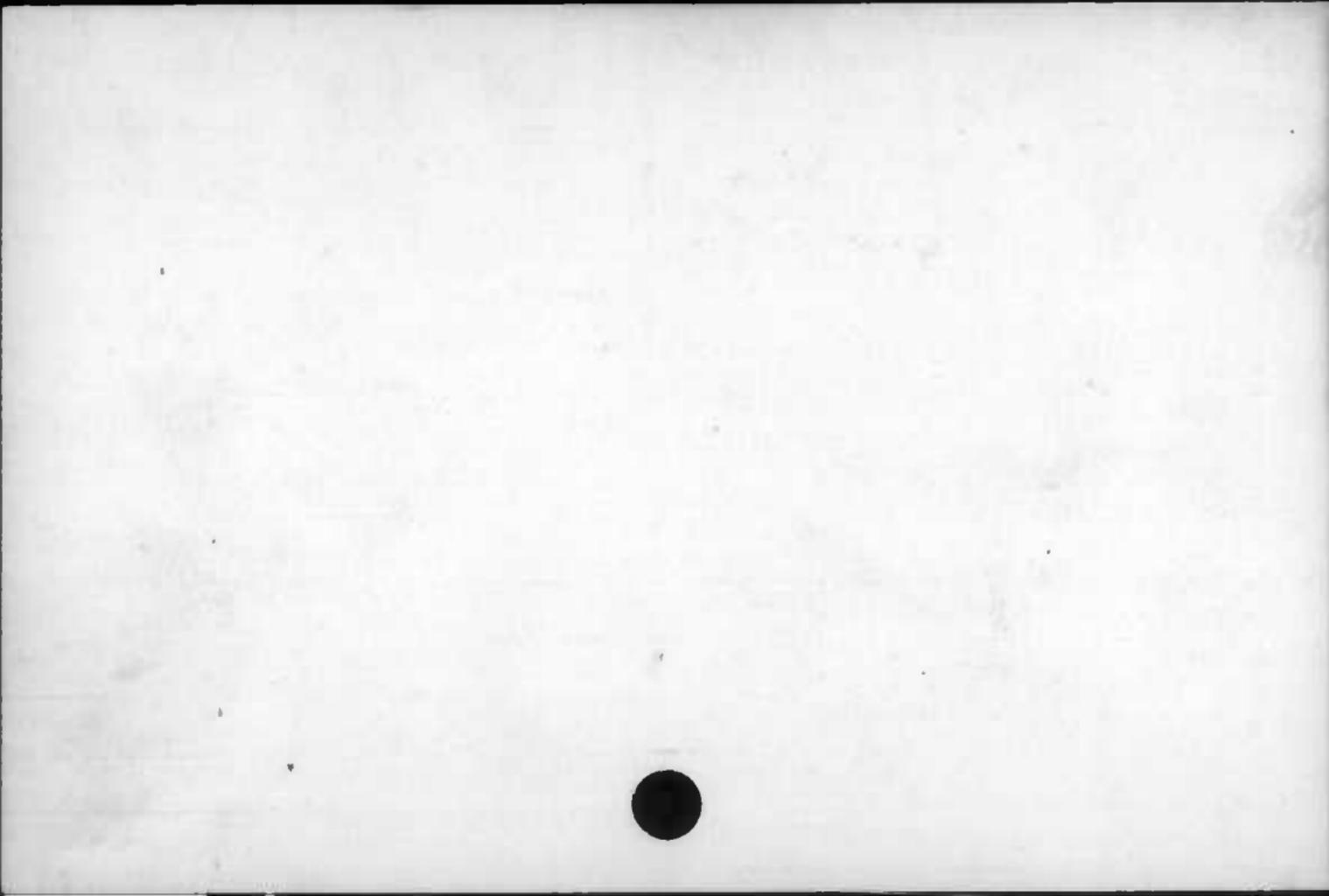


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	P. George		County	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Residence		
Father's Name	Samuel Smith				
Mother's Maiden Name	Ruth Cross				
Name of person giving information	Pearl Smith				
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	Asthma				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
			W.F. Taylor		
			Laurel Md.		
Accident or Suicide?					



Name  
in  
Full

Franklin Milton Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Z.B.	Potter				
Date of death	Month	Day	Years	Month	Days
1909	9	14	19	8	5
Sex	Color or Race	Occupation	Where Residing if not at place of death		
Male	Colored	Farm work			
Married, Single or Widowed	Name of Wife or Husband				
Single	John F. Wallace				
Mother's Maiden Name					
Annie G. Robinson					
Name of person giving information					
	Annie G. Robinson				

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis  
Immediate: Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

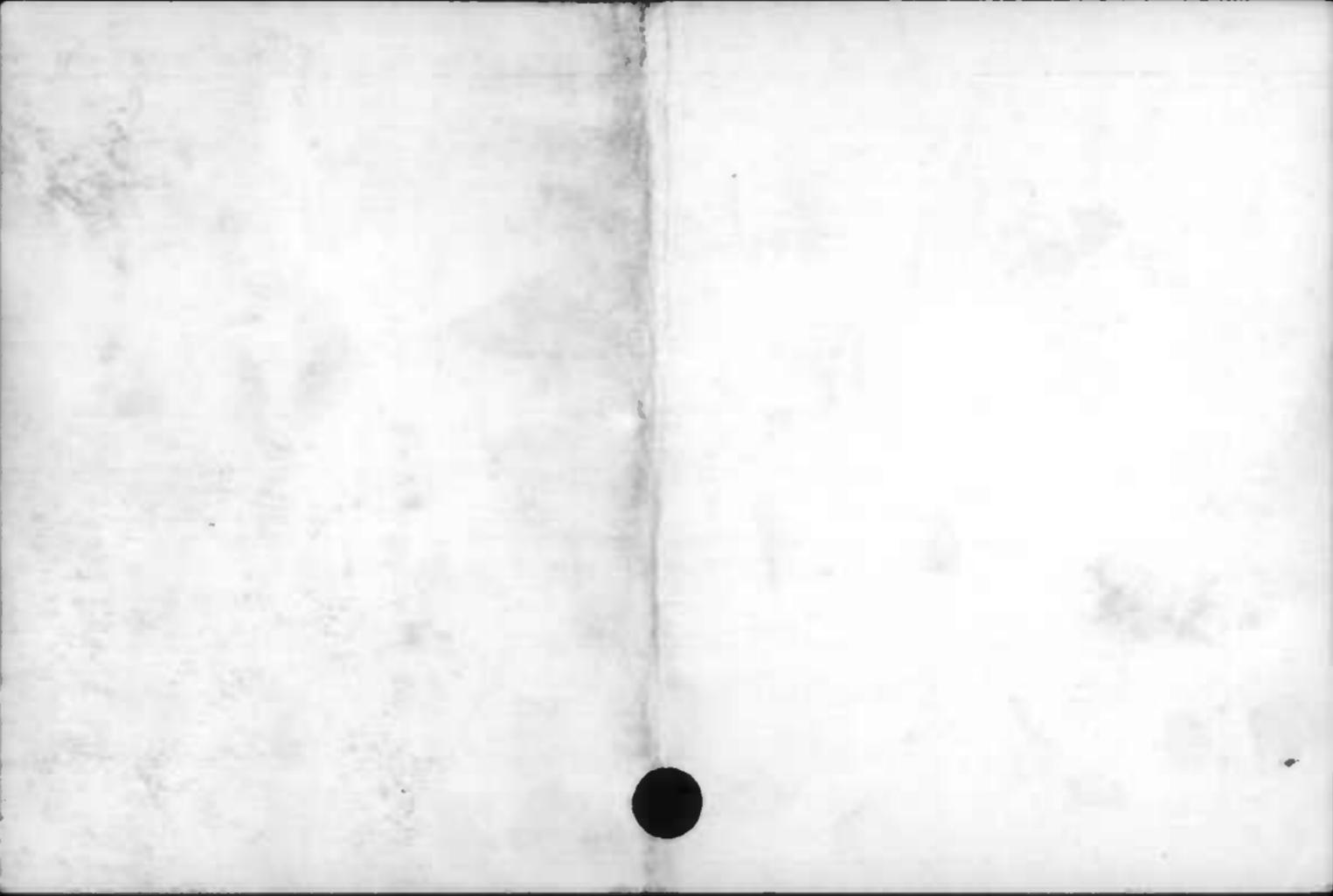
Signature of Physician

Address

John A. Cox

Z.B. Md

Accident or Suicide



Name  
in  
Full

Mrs Annie L. Ward  
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Piscataway Prince George  
Month Day Years Month Days  
Date of death 1909 September 11 Age 60 — —

Sex Female Color or Race White Birth-place Maryland  
Occupation Housewife Where Residing if not at place of death At home

Married, Single or Widowed married Name of Wife or Husband

W. M. Ward

Father's Name George Braston

Father's Birthplace 2nd

Mother's Maiden Name Susan Braston

Mother's Birthplace 2nd

Name of person giving Information W. M. Ward

How related to deceased Husband

108

How long

Primary Intestinal Obstruction

4 days

Immediate Heart Failure

6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

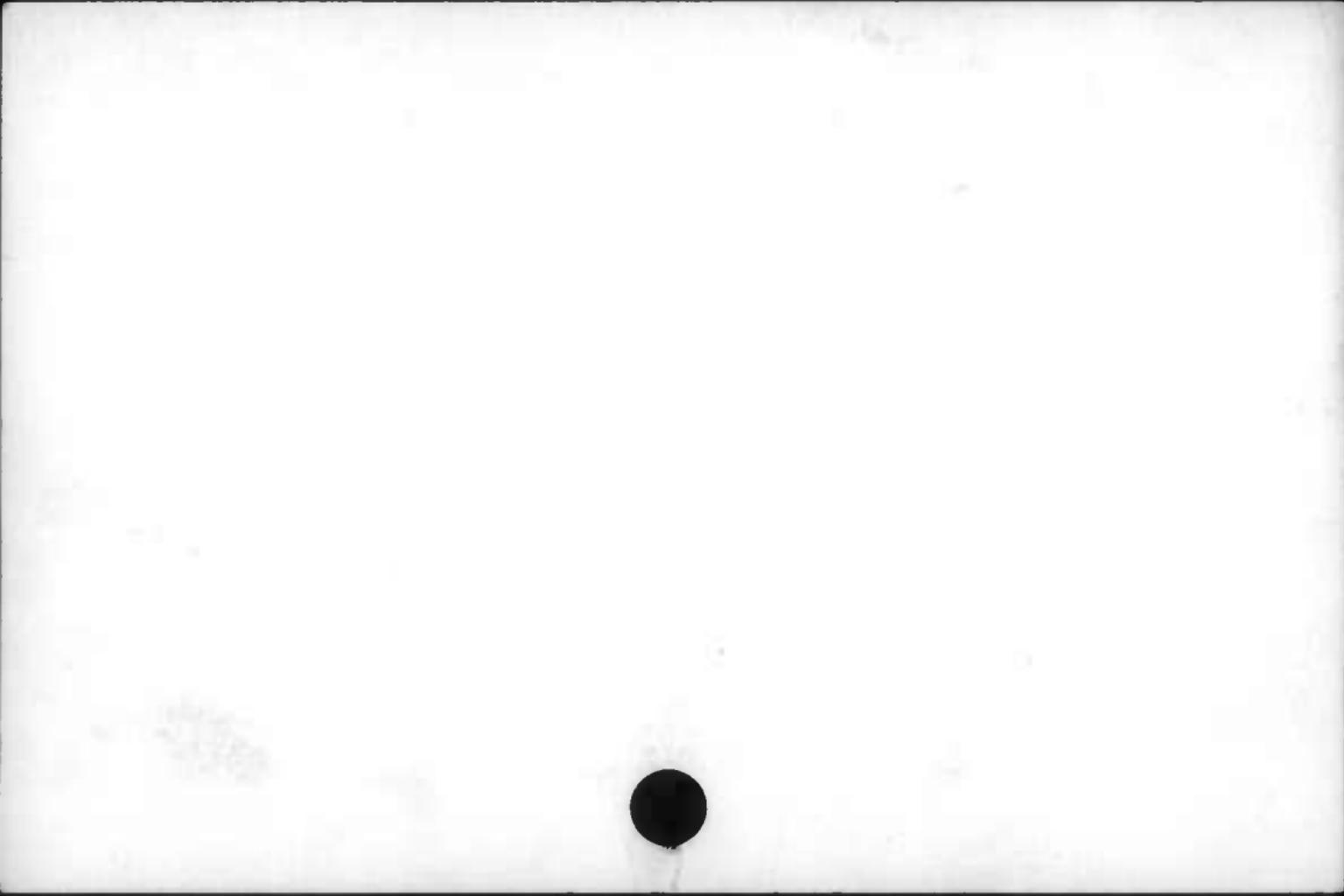
Address

G. O. Monroe

Waldoof Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Herman Warrick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at New Glazt Town Prince Geo. County MARYLAND  
Date of death 1909 Sept 13 Month Age 3 Years  
Sex Male Color or Race Black  
Occupation Child Birth-place M-d  
Where Residing if not at place of death New Glazt,  
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Albert Warrick Father's Birthplace M-d  
Mother's Maiden Name Catherine Scott Mother's Birthplace M-d  
Name of person giving Information Albert Warrick Jr How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Remittent fever

4

How long

1 week

Immediata

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

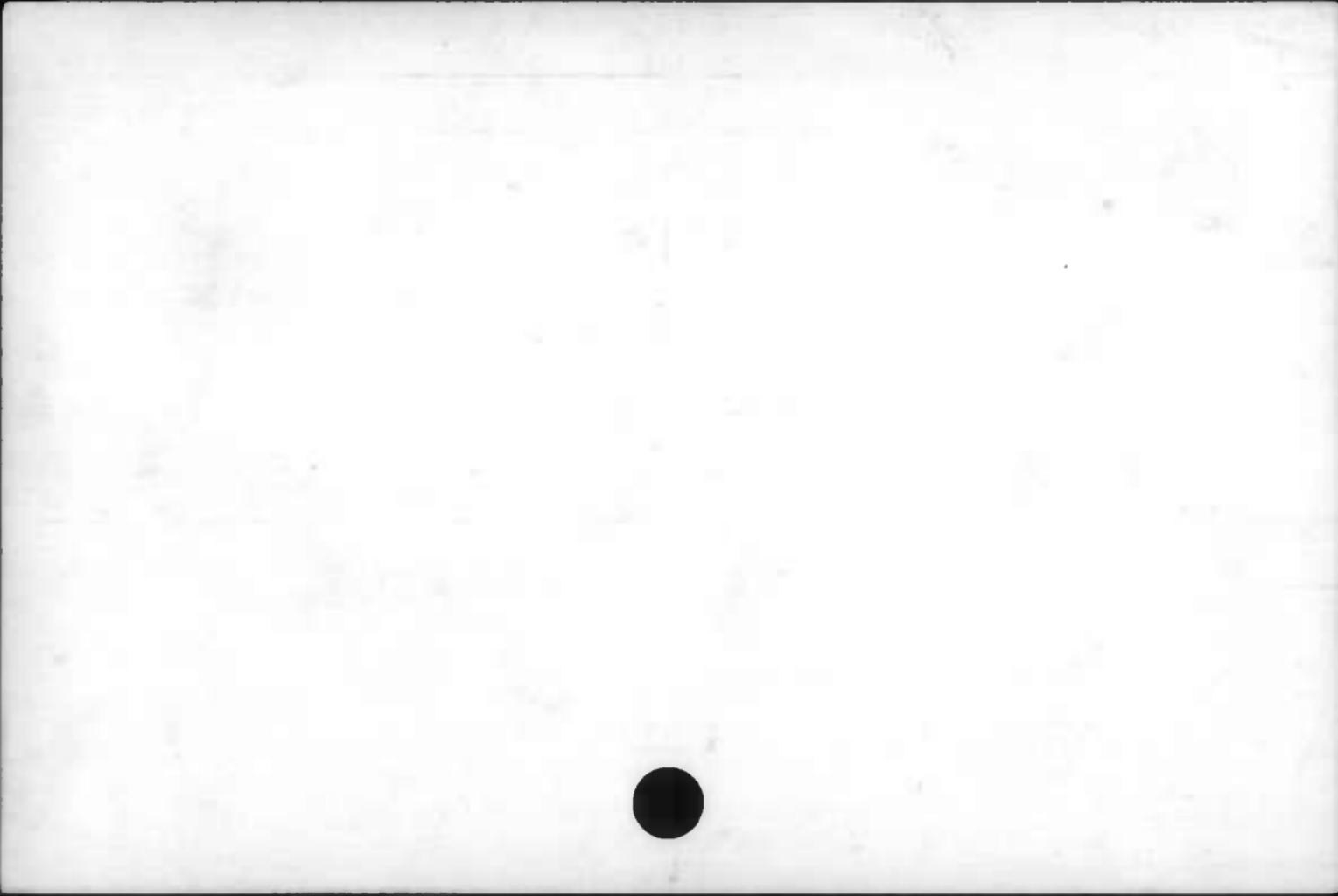
yes

Signature of Physician

Address

J. M. Parker M.D.  
Congress Heights  
D.C.

Accident or Suicide



Name  
in  
Full

White

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sunderland</u>		Town	County <u>Prince George</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex	Color or Race	<u>Coloured</u>				
Occupation	Where Residing if not at place of death <u>Sunderland</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>William Lillie</u>		Father's Birthplace <u>Culpeper Co.</u>			
Mother's Maiden Name	<u>Rosie Thomas</u>		Mother's Birthplace <u>St. Marys</u>			
Name of person giving information	<u>William Lillie</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Hill Burn

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

William Lillie  
Sunderland P.S. One

Accident or Suicide?

Yes  
+

How long

How long

